MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01963

						OFICE III	47112 01	PERMIT							
	SED-NAME or print)	First Jane	9.61		Middle E.		Lost ADAMS			Feb.	Administration in	Doy1)68eor		HOUR 2:30
3. SEX			4. RACE				S. DATE OF	BIRTH			6. AGE (In yeo		UNOER 1 YEAR		R 24 HRS.
	Female		C	auc.			11-	-7-82			lost birtheay	YRS. MO	OAYS	HOURS	MIN
	HPLACE (State or fo	reign 7	b. CITIZEN C	F WHAT COL	JNTRY?	8. MADDIE	NEVER MA	PPIED	9. COUNT	TY OF	DEATH				
country)	Penna.		U.S.	Ameri	ca	WIDOWE		ORCED	Aı	nne	Arunde	1 Co	unty		Md.
10. CITY	OR TOWN OF DEAT			11. NAME OF	HOSPITAL OR I		not in hospital				(Kind of work	done	12b. KIND O	F BUSINES	SSOR
G7	en Burnie	. Md.		Nort.	ddress)	del Ho	spital	during m	nost of wo	rking li	ite, even if ret	ired.)	Own H	lome	
	JAL RESIDENCE (Who	re deceosed	lived, if in	stitution: Re	sidence before	13c CITY C		13d. INSIDE CITY		-	EET AND NUMB		-11.22	- 01110	
odmissio	in) STATE Ma:	rvland	13b. COUN	Anne	Arund	lel G	len Bur	nie 🗆 N	K 01	152	0 Ingal	les R	aad		
14. FATH	IER'S NAME Fi		Midd		Lost		1S. MOTHER'S /	MAIDEN NAME	First		Mid	ldle		Lost	
	Micha	a.T			Nort	on		Marv				Co	nstar	nt. i ne	
	AS DECEASED EVER I	U.S. ARMEI			OCIAL SECURIT		. INFORMANT				Add		Pa.	111.111	
Yes,	no, or unknown)	(If yes give war	or dates at servi	(e)		1	Louis C	. Adams	3 . 43	6.1	N. 6th	Stre	et. F	Jarri	shur
18	CAUSE OF DEATH	(Enter only	one couse t	per line for (o), (b), ond (().)	1	4		1.	A			ONSET AND	
	PART I. DEATH W	AS CAUSED		10	IN	1/5	which	ula	_ +	ar	luce		ho	un	
	2500	IMMEDIATE	, ,		NSEQUENCE Q	F	_		1/	/					
	nditions, if ony, wh		(b)		Mal	eti	C	ma	10				re	que,	7
	e to immediate conting the underlying		٠,		INSEQUENCE O	F		-			.n. f		150	21 -	
los		y coose	(c)		2	ner	elize	1 4	nte	un	eleen	<u>`</u>	1		3
P/	ART 2. OTHER SIGNII	ICANT COND	TIONS CONT	TRIBUTING TO	DEATH BUT	NOT RELATED	TO THE JERMIN	IAL DISEASE OR	CONDITION	GIVEN	IN PART 1(o)				
-	LOV	1	- a	dun	, le	ar	line								
CERTIFICATION 1361	DATE OF OPERATIO	N 19b. CC	NDITION FO	R WHICH OP	ERATION WAS	ERFORMED	20a. AU1				YES, WERE FIND	INGS CONS	IDERED IN	CERTIFYIN	NG.
읦							YES [NO [9 19	CAUSES	OF DEATH?	ry	'a		
	O, ACCIDENT WAS I			ME OF INJUR			HOW INJURY O	CCURRED (Ent	er noture o	of injury	y in Port 1 or F	ort 2, Iten	n 18.)		
	or contributing a contribution of the contribu			A.M. Mon P.M.	th Doy Yes	or 19									
- 6	d. INJURY OCCURRE	D Late. P			NE, FARM, STREET,		LOCATION Str	eet or R.F.D. N	0.	City	or Town	(County		Stote
W	hile Not while work	3	th	rue	BUILDING, ETC.		-	1/0	10		2/	1	C		
	a. I certify the	t (I) (this	haspital)	attended	the décea	sed fram_	L		60, to		2/10	_, 1950		it (I) (v	
	saw the dec	eased aliv	/e an		2110	19/28.0	nd that in	my) (aur) ap	oinian de	ath a	ceurred an t	he date	and have	r and fr	am the
	causes state	d abave,	(I) (we) (did) (did n	at) view th	e bady atte	r death.					1 00 047	C CLONED		
22	b. SIGNATURE	1111	2/6/	CALA	1/2	NO or	ATTEND		MED.		STAFF	ZZC. DAI	E SIGNED	10	
200	I DINCICIANS	1	5//	0000	u	DE DE	GREE PHYS.		DIRECTOR		PHYS.	4	191	00	0
72	d. PHYSICIAN'S NAME (Type)	MAX	- C	- 1-1	ANK	- 40	ZZe. AL	42	5	50	Ellit	chi	Hay	-364	une
	JRIAL, CREMATION,	23b. DA	TE		23c. NAME O	F CEMETERY C	R CREMATORY				N (City or Town		(County)	(Stot	,
	WOANT (2 bedith)	13	Feb.	68			emeter		Dau	phi	n Count	v. P	ennsy	lvar	ria
24. FUI	VERAL DIRECTOR				ADDRE			2So. REC'D	BY REGISTI	RAR	25b. REGIS	STRAR'S SIC	SNATURE		
111	Kirkley T	nara	Him	0 07	on Dans	mi - h	6.3	DATE F	DI	1) (JUO /	may.	FELDING Y	465-18	6

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled timby the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 traus after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Page 1 and 2 should be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after deaths.

VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

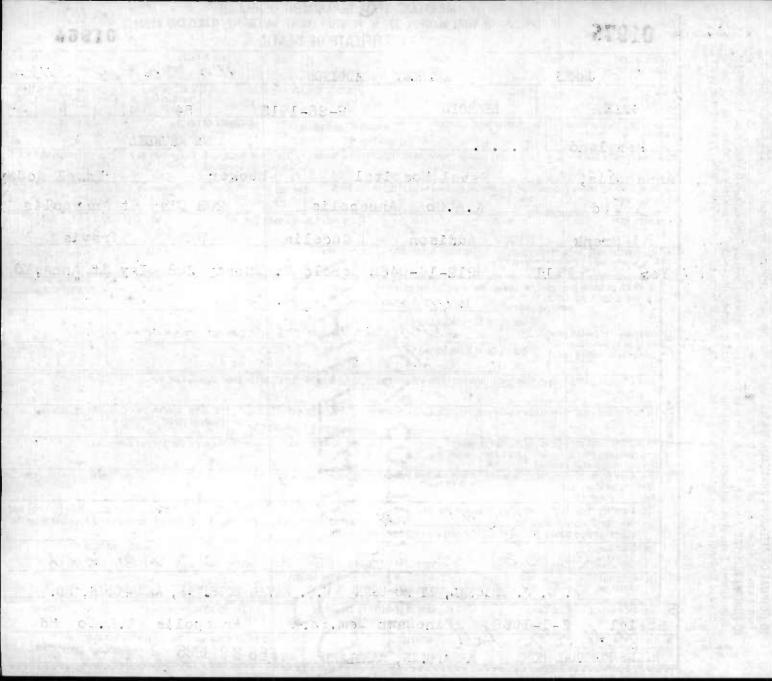
Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 301 W. PRESION STREET, BALTIMORE, MARYL

01964

			CEKTIFIC	AIE OF DEAL	П			0 2 0 0	875
	ECEASED-NAME First	Middle		Last		ATE OF DEATH			2b. HOUR
(Type or print) JAMES	ANTHO	NY A	DDISON	11	ES Month 2	6 Day	68 Year	(130 AM
. S	EX	4. RACE		S. DATE OF BIRTH		6. AGE (In ye	ears	IF UNDER I YEAR	IF UNDER 24 HRS.
	MALE	NEGROID		8-25-191	3	last birthda	YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	TY OF DEATH			
COU	ntry) Marvland	U.S.A.	WIDOWED		1	ANNE ARUN	DEL		Md
	city or town of death	11. NAME OF HOSPITAL OR give street address) Naval Ho	institution (if no	duria		ATION (Kind of work orking life, even if re		12b. KIND OF INDUSTRY	BUSINESS OR Acdn
13a.	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence befa		TOWN 13d. INSIDE	CITY LIMITS?]	13e. STREET AND NUM	IBER		
odm	nission) STATE Md	13b. COUNTY A . A . Co	Annar	oolis YES	NO 🗌	208 Clay	St	Annar	oolis
14.	FATHER'S NAME First	Middle Last	15	. MOTHER'S MAIDEN NAI	ME First	M	iddle		Last
	Frank	NMN Addisor	2	Cecelia		NMN		Travis	5
	. WAS DECEASED EVER IN U.S. ARM			NFORMANT		Ad	dress		
	Yes, na, ar unknawn) (If yes give w		-0466 F	Harold N.	Murr	ey 208 C	lay	St Ar	nna, Md
		ly ane cause per line far (a), (b), and	(c).) *	~				APPROXII BETWEEN O	MATE INTÉRVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	pulca	e wfac	120				
	2509	DUE TO, OR AS A CONSEQUENCE	OF 5	0 1	/				
	Canditians, if any, which gave	(b) arte	no se	lerope	· alea	rt dese	~~~		
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	QF .	0	0 1				
	last.	(c) d	robel	er mel	enter	1			
	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMINAL DISEASE	ORCONDITION	GIVEN IN PART 1(a)			
NO	760 X								
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	1	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CO	NSIDERED IN C	ERTIFYING
ERTIF	CL - ACCIDENT WAS UNDERLYIN	IC Total Time of Interpr	102 116		0	7 p . l	0 . 0 !!	101	
	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			OW INJURY OCCURRED ((tnfer nature o	at injury in Part I ar	Part 2, It	em 18.)	
MEDICAL	(If either, natify medical exami	ner) P.M.	19						50.4
W	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f. LO	CATION Street or R.F.D). Na.	City or Town		Caunty	State
	While Nat while at wark		(12)	1 34215	10/ 3/	2/2/2	10	/ C	(1) () (
	22a. I certify that (I) (th	is hospital) attended the dece	osed from	that in (my) (aur)	19 <u>00</u> , 10	o to 1840	, 19_		
	couses stated above	e, (I) (we) (did) (did not) view th	he body ofter o	death.) opinium de	din accorred on	THE GOT	e una nour	und mum me
	22b. SIGNATURE	150		The second	4450	CYAFE	22t. D	ATE SIGNED	4.00
	Cicol.	1 diverse	acc- DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.	1 26	TE13	68
	22d. PHYSICIAN'S			22e. ADDRESS					
,	NAME (Type) A. C	. J. BRICKEL, LT	MC USNR	U.S. NAT	VAL HOS	SPITAL, A	NNAP(DLIS, M	ID.
23a	. BURIAL, CREMATION, 23b.		OF CEMETERY OR			OCATION (City or Tow		(Caunty)	(State)
]	BREMOVALISHecify) 3-			em.Park		napolis		A.Co	Md
24.	FUNERAL PIRECTOR	K. Hall ADDR	ESS		C'D BY REGISTI			SIGNATURE	and the
	HICKS FUNERAL	HOME ANNAPOLI	IS. MARY	LAND DATE F	EB 2 9	9 1968	المالا	Land War	-



after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF

VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
		CFR	TIF	ICATE C	F DEA	TH		

		CERT	IFICALE OF DEATH		0170	7.0
. DECEASED-NAME	First	Middle	Lost	2a. DATE OF DEATH	V	26. НОРЯМ
(Type or print)	Edward	Ştewart	BARNETT	February I	4 68	12:10
SEXMAL	e 4. RACE	closel	S. DATE OF BIRTH	6. AGE (In yeors law bushquy)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
o. BIRTHPLACE (State of	1 ac	DIA. WIDO	OWED DIVORCED D	Anne Arunde		Md
D. CITY OR TOWN OF D		1. NAME OF HOSPITAL OR INSTITUTIO ive street address titution: Residence before 113r H	A CONTROL 130. USUA during mo	L OCCUPATION (Kind of work done of working life, even if testifed.) All STREET AND NUMBER	12b, KIND OF INDUSTRY	BUSINESS OR
ndmission) STATE	13b. COUNT	Ca a a	May YES NO	- College	CRITE	nace
4. FATHER'S NAME	First Ball	wett	15. MOTHER'S MAIDEN NAME FI	2 /	1000	Loss
Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates of service	16b. SOCIAL SECURITY NO. 22003-6929	17. INFORMANT	Barnetti (E)	mon	mel
	ATH (Enter anly one cause per H WAS CAUSED BY:	[1 1 A	The artis		BETWEEN O	MATE INTERVAL DISET AND DEATH
433	IMMEDIATE CAUSE (o) DUE TO,	OR AS A CONSEQUENCE OF	o viocanovi Li			
Canditians, if any						
stating the unde		OR AS A CONSEQUENCE OF				
_	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)		
= 330x						
19a. DATE OF OPER.	ATION 19b. CONDITION FOR	WHICH OPERATION WAS PERFORME	D 20a. AUTOPSY? YES NO D	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CI	ERTIFYING
21a. ACCIDENT W. Or Contributing (If either, notify r	CAUSE OF DEATH HOUR A		21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2,	, item 18.)	•
₹ 21d. INJURY OCCU While Nat what wark at wark	JRRED 21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote
saw the	deceased alive an	attended the deceased frai 1967 id) (did nat) view the bady o	m, 19.5 _, and that in (my) 50011) apin after death.	1, ta Fd , 19 nian death accurred an the d	9 6 8 , that late and haur	(1) (Me) last and fram the
22b. SIGNATURE	Jh betra	(comen_ne)	DEGREE PHYS. DI	ED. STAFF 22c	DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)	John L. He	deman, M.D.	7	t Drive, Annapol	is, Md.	
23a. BURIAL, CREMATIO	6 2:17.19	768 DANCE	RY OR CREMATORY	23d tOCATION (City or Town)	Oles V) to total
24. FUNERAL DIRECTOR	smpon ot	ADDRESS)116. 250. FEB	REGISTRA 200 25b. DECEMAR	'S SIGNATURE	ye

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

Children with the second of the Children

DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DIVISIO	TOI THAL RECORDS,	301 W. I KE310	H SINELI, DA
		CERTIFICATE	OF DEATH
First	Middle	Las	st
THE T.	T.,	BECKE	R

01966

	CEASED-NAME	First		Middle		Last		2a. DATE OI		D V	2b. HOUR
(1	ype ar print)	ETHE L	Carry	L.	E	ECKER		Fe	bruary	14 198	8 7304 N
3. SE	x Fema	ale	4. RACE Wh	ite	510	S. DATE OF B	28 , 1	887	6. AGE (In years last birthday)	MONTHS DATE	
7a. B	BIRTHPLACE (State of the late)	e ar fareign	7b. CITIZEN OF WHA		8. MARRI WIDOW	ED NEVER MA	RCED		nne Arun		Md
10. C	Glen Glen	Burnie	give str		onv.	Center	1 1 1	ast of working	(Kind af wark da plife, even if retired red	ne 12b. KIND JNDUSTRY HOUS	of Business or e Work
	USUAL RESIDENC issian) STATE	IE (Where decease Md.		n: Residence before Arunde I		or town	13d. INSIDE CITY LIF		TREET AND NUMBER 1 Box #		
14. F	FATHER'S NAME	First Walter	Middle Hevern	Last		IS. MOTHER'S M	laiden name fi Su		Middle Cook		Last
	was DECEASED es, no, or unknow	EVER IN U.S. ARM	ED FORCES? ar or dates of service)	66. SOCIAL SECURITY I	10.	7. INFORMANT Walter	Becke	r I RT.	6 Box 4	87 PAS	ADENA
		EATH WAS CAUSED		for (a), (b), and (c).	رورو	ncho	bnei	imo	me	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
	rise to immed stating the ur last.	iny, which gave interesting cause (a), derlying cause (see Significant CON	(b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF	Br	teno)	elero	ナゴ	leverto levera En IN PART 1(0)		5 7rs
CERTIFICATION	19a. DATE OF OF	PERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUT			F YES, WERE FINDING S OF DEATH?	GS CONSIDERED IN	CERTIFYING
MEDICAL CER	OR CONTRIBUTION	WAS UNDERLYIN NG CAUSE OF DEAT y medical examir	HOUR A.M. er) P.M.	Manth Day Year	,				ury in Part 1 ar Part	2, Item 18.)	
M	saw th	wark (I) (thi	s haspital) after	of the decease	ed fram.	tt/tt ond that in (n	, 19	6, ta_	ar Tawn 2/16 occurred on the	Caunty 19 , the dote and hou	State out (I) (we) las
	22b. SIGNATURI	stoted obove	(I) (we) (did) (d	did not) view the	body oft	er death. ATTENDI	ING DI	IED. IRECTOR	STAFF PHYS.	22c. DATE/SIGNED	168
23a.	NAME (Tyl	TION. 23b. I	DATE	TER 23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCATI	ON (City of Town)	(Caunty)	(State)
24.	FUNERAL DIRECT		-14-68. y 901 S Bal	Contracts			2Sa. REC'D B	Y REGISTRAR		AR'S SIGNATURE	lid.

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Charles & Juler

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

To Just 10.

1		5.3	J\$	ms 18 21 &	22 film M SION OF VITAL R	ARYLAND ST ECORDS, 301 V	ATE DEP	ARTMENT OF N STREET, BALTI	HEALTH IMORE, MARYL	AND 21201				
FOR S	TATEN	A	4	11974	MEDIC	AL EXAMI	NER'S C	ERTIFICATE	OF DEATH			019	67	
HEALTH	DEPT.	3		CEASED-NAME ype or Print)	First	Middle	James 1	Last		2a. DATE KNOWN	Month	Doy	Yeor	2b. HOUR
ay is 3 to Page	, o		(1	Harr	Y (J.	BENZ		OF ESTI-		24	19 6	8 4:4
delay and 3	Jee J		3. SE	X 4. RACE	S. DATE OF BII		. AGE (In years last birthday)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNC		Vacas		2d. HOUF
b A	Imm),			ale white			LIZE YR			Manth Feb.	Day 2	4 Year	168	4:4
- E				RTHPLACE (State or foreign Padelphia, P.	7b. CITIZEN OF WE	HAT COUNTRY?		ARRIED NEVER MAR		MIT OF DEATH				r
ges far	State		_	TY OR TOWN OF DEATH		AME OF HOSPITAL O		N (If nat in haspital		Anne Aruno		12b. KIND	OF RUSIA	NESS OR
haurs after death Item 18. Give Pages 1, Office alang with farm	the St	ôu.	10. 0	Millersvill	give	street oddress)	ircle	ir (ir nor iir nospirai	during most of	f warking life, even i		INDUSTRY	01 00311	ILJJ OK
after 8. Give alang	with the		13a.	USUAL RESIDENCE (Where de	ceased lived, if institu	utian: Residence be	Fore 13c. CIT	Y OR TOWN 13d	I. INSIDE CITY LIMITS?	13e. STREET AND NU	MBER			
18.		75	00	StephparRoad [a, money	mery Cos,	PaN.	Wales Roa	GES NO	North Wa	les F	load		
haurs Item 1 Office	l and 2 after	-3	14. F	ATHER'S NAME First	Middle		.ast	15. MOTHER'S MAID			Aiddle		Lost	
	_ 0			Harry	J.	Benzing	-		rah Sc	owcroft				
within pencil camine	pages			VAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECUR None	ITY NO.	17. INFORMANT	a C Post	ADDR				
with with pe								Mr. Loui	S G. Dec	k 340 H	ardma.		C ROXIMATE II	INTERVAL
d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's				1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	AUSED BY:	ine far (a), (b), ond KDOS üre	to fr	eezing te	mperatu	re after	fall	RETWI	EN ONSET A	
xect	permit.	9		90/1	MEDIATE CAUSE (a)	AS A CONSEQUENC								
per per ief /	ansit pe event	_3		Conditions, if ony, which go	ve)	. AS A CONSEQUENC	LOI		V					
ward the Ch	al-tra	10		rise to immediate couse (stating the underlying cou		AS A CONSEQUENC	E OF		F					
	.E. E			last.	_)									
s certificate shauld e, writing the ward farwarded ta the C	as a I, and			PART 2. OTHER SIGNIFICANT OF	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITIO	ON GIVEN IN PART I(a)			
writ	used		CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FO		ERATION		Table 1		20.	AUTOPSY?	?
S e	be u	1	RIFIC			WAS PERFOR							res 🖵	NO 🗌
= 0		34		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTI		INJURY Manth, Day,		21c HOW INJURY OCC Subject f						trea
NER: certifi	sha	4	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED	P. PLACE OF INJURY (**	21f. LOCATION Street o		City or Town	Le CI	County	18 0	State
EXAMINER cute the certage 4 shaul	your files. age 3 shau crematian,	09		WHILE AT WORK AT WORK	factory office building	(woods)	,	ZII. LOCATION SITEET O		lleravill	Le	A. A		Md
NL E	CTOR: F burial,			22a. I certify tha	t I taak charge of t				psy 💢 , Ins	spection 🔲, 🛘 I	nquiry [], and	l in my	opinio
Se e ctar.	ECT Sed			death resulted fran	n: Natural cau	ses 🔲 , Acci	dent 🔼,	Suicide,	Homicide	Undetermined	manner			
olease	DIRE DIRE	-1		ACTUAL TO	11 7/1	NR-			F MEDICAL EXAMINE					
ry. Feral	RAL DI Prior			SIGNATURE	006 2 00	11/2			STANT MEDICAL EXA	- 41	22b. DATE	Feb.	25	1968
O DEPUTY necessary, the funeral	may be re FUNERAL ealth prio	2		EXAMINER'S NAME (Type)				ADDI	JTY MEDICAL EXAMI RESS(Street, city, to			T.GD.	23,	1700
O DEPUTY necessary, the funera	FO FUNER Health		230	BURIAL, CREMATION,	ard F. Wil 23b. DATE	son M. D	OF CEMETER	Y OR CREMATORY		LOCATION (City or To	own)	(County)	(Sto	ate)
-	-	12		REMOVAL (Specify)	2/28/1968	Lau		ill Cemete		O		0- 1	,	
			24.	FUNERAL DIRECTOR	. /		DDRESS	14 41	25a. REC'D BY REG	GISTRAR25b. I	ENSTRACT	SIGNATURE	nog	2
	A15ME [5]	13	W	mr.74	Ann 1	-Sens	Kirt	Lipea.	DATE FEB 2	, भ । अवव	1	0	0	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	07010				CERTIFICA	ATE OF	DEATH				0196	
	(EASED-NAME (pe or print)	First ALBER	T	Middle J.	BE	Last RTRAM,	Jr.	2a. DAT	re of Death Feb Mo	onth 6 D	ay 1968°	2b. HOUR
3. SE)	Male		4. RACE White			Oct 25	, 1911		last,	(In years birthday) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. B	IRTHPLACE (State of try) Pa.	ar fareign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED		RIED CED	.,	y of DEATH	undel		M
F	ty or town of t	Meade	give K	AME OF HOSPITAL OR INS street address) imbrough A	rmy Hos		during me	ost of wor		of work dane en if retired.) ema.n		F BUSINESS OR Army
	ssion) STATE	Where decease	d lived, if institution 13b. COUNTY Anne A		Odento		YES NO	1.0	e STREET AN	3, Ode	nton, M	d
14. F	ATHER'S NAME A1	First bert J.	Middle Bertra	m,Sr.	15.		IDEN NAME F			Middle		Lost
	WAS DECEASED EV es, no, ar unknawn Ves	(II yes give wo	D FORCES? r or dates of service	16b. SOCIAL SECURITY N 579-314-55		FORMANT le Bel	rtram	(W) B	30x 16	Address 3. Ode	nton, M	CIMATE INTERVAL
	Conditions, if any rise to immediat stating the undeleast. PART 2. OTHER SI	rlying cause	(b) DUE TO, OR (c)	Thronic Ren			. DISEASE ORG	ONDITION	GIVEN IN PA	RT 1(a)		
CERTIFICATION	19a. DATE OF OPER None		ondition for wi	HICH OPERATION WAS PE	RFORMED	20o. AUTO	PSY?		Ob. IF YES, W AUSES OF DE		CONSIDERED IN	CERTIFYING
MEDICAL	sow the couses st 22b. Signature 22d. Physician's	CAUSE OF DEATH medical examin JURRED 21e. mile 21e. mile 4 that (2) (thi deceased al ated abave	PLACE OF INJURY s hospital) att	Manth Day Year 15 (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. ended the decease Peb 1 (did nat) view the	9 21f. LOC ed from 9 6 , and	ATION Stree L Jan thot in (meth.) ATTENDIN PHYS. 22e. ADD	, 19_f y) (our) opi	AED.	City or Tow	eb, I ed on the c	Caunty 9_68_, tha date and haul c. DATE SIGNED Feb 196	r and fram th
	BURIAL, CREMATIC		ATE eb. 12. 19		CEMETERY OR C		1	23d. LO A:	CATION (City	or Town) on, V	(County) irginia	(State)

250. PECID BY REGISTRAR 196

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Pend shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

FUNERAL DIRECTOR

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after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, pages 1 should be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIFI	CATE OF D	EATH			0196	9
	ECEASED-NAME Type or print)	NoR	RIS	Middle		Book		DATE OF DEATH	Poy	196.8	26. HOUR 3:46PN
3. SE	x m		4. RACE	W		5. DATE OF BIRT 5/26/		6. AGÉ (In last birthe	day) M	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
7o. E cour	BIRTHPLACE (Stote or for ontry) Marylar		U. S	AT COUNTRY?	8. MARRIE	NEVER MARRI	ED .	unty of DEATH Anne Aru	ndel		Md
	CITY OR TOWN OF DEATH			AME OF HOSPITAL OR street oddress) Nort	h Aru			UPATION (Kind of wo working life, even if an ic	retired.)	12b. KIND OF B INDUSTRY	teel
	USUAL RESIDENCE (Whe ission) STATE Md	ere deceosed	lived, if instituti 13b. COUNTY	ion: Residence befor	e 13c. CITY (or town 13 Pkeasan	d. INSIDE CITY LIMITS?	13e. STREET AND NU	is Av	x 235 venue	Rt.2
14. 1	FATHER'S NAME Fir	st	Middle	Lost		15. MOTHER'S MAIL			Middle		Lost
	Georg WAS DECEASED EVER IN (es, no, or unknown)			Boo 16b. SOCIAL SECURIT 215-09-	Y NO. 17	. INFORMANT Gertru	Wilam:		? Address bove	Gr	und
	Conditions, if ony, wh rise to immediate co stating the underlyin lost. PART 2. OTHER SIGNIF	ouse (o),	(b) DUE TO, OR A (c)	AS A CONSEQUENCE O	extu Form	concrease services for the terminal	avila	h genera 2 onia.	eli 34		
CERTIFICATION	190. DATE OF OPERATION	N 19b. CO	NDITION FOR WH	ICH OPERATION WAS	PERFORMED	2Do. AUTOPS	Y?	20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CON	ISIDERED IN CER	RTIFYING
MEDICAL CER	210. ACCIDENT WAS U	AUSE OF OEATH	21b. TIME OF HOUR A.M. P.M.			HOW INJURY OCCU	RRED (Enter notur	re of injury in Port 1 (or Port 2, Ite	m 18.)	138
ME	21d. INJURY OCCURRED While Not while of work	D 21e. PL	ACE OF INJURY	(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Street	or R.F.D. No.	City or Town		County	Stote
	22a. I certify that saw the deci coases state	eased aliv	enn -t-	ended the deced (did not) view th	1960 8.0	nd that in (my)		ta Jeb 19 death occurred o	n the date	o & , that (e and haur a	(I) (we) los nd fram the
	22b. STOWNATURE 22d. PHYSICIAN'S	de	Live	man /	4. P. DE	GREE ATTENDING PHYS.	DIRECTO	OR STAFF PHYS.	22c. DA	TE SIGNED	68
	NAME (Type)	B. 1	1. de	6421	nAN,	M.D. G	LENE	BURNIE	inne	1. 2	1061
В	BURIAL, CREMATION, REMOVAL (Specify) urial	23b. DA1	23/68	Ceda	r Hil	or crematory 1 Cemet	ery B	. LOCATION (City or To	Mary	- VV	(Stote)
	FUNERAL DIRECTOR aymond C	Fin	km Gl	ADDRE Len Burn		7	DATE BY SEG	11TRA1968 25b.	ELLINE S'A	GNATURE	16

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FOR STATE any delay is 2, and 3 ta Page

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

This certificate shauld be executed within 24 haurs after death

DICAL EXAMINER:

TO DEPUTY

Verine Authority of Strange of St

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			MEDIC	AL EXAMINI	ER'S C	ERTIFICATI	E OF DE	ATH		0	119	78	
	ECEASED-NAME Type or Print)	First		Middle		Lost	* J. ST.	4.15	20. DATE KNOWN	Month	Day	Yeor	2b. HOUR
L'	,	JOSEP	Н	EDGAR		BRUBAKE		?.	DEATH MATED	2	15	605	AI
3. SI	X	4. RACE	S. DATE OF BIR	RTH 6. A	GE (In years	MONTHS DAYS	IF UNDER	24 HRS MIN	2c. DATE PRONOUN		4117	11.6	2d. HOUR
	MALE	WHITE	APRIL	12,1915	52YR		HOUKS	min	Month	195	Ye	1968	P
	BIRTHPLACE (Stot	e or foreign 75	. CITIZEN OF WH	IAT COUNTRY?	B. M.	ARRIED NEVER N	ARRIED 🗌	9. COU	INTY OF DEATH		31.77		
caun	"" Penn	SV.	U.S.A.				VORCED [NDEL			M
10. 0	ITY OR TOWN O			AME OF HOSPITAL OR			120. U	SUAL OC	CUPATION (Kind of	wark dane	12b. KI	IND OF BUS	HUESS OR
		BURNIE		OLANK Sepo GOL		NNAP.BL			f working life, even		SPI	RING	CORP
13a.	USUAL RESIDEN dmission) STATE	CE (Where deceased	lived, if institution 13b. COUNTY	ution: Residence befor	e 13c. CII	Y OR TOWN LEN URNIE	YES 1		13e. STREET AND N	aa	INAP	.BLV).,N/
14. F	ATHER'S NAME	First	Middle			15. MOTHER'S M	AIDEN NAME	First		Middle		Last	t
		(unknow	n)	BRUBAKER		EDN	A				(u)	nknou	(חני
	WAS DECEASED EV	ER IN U.S. ARMED FO		16b. SOCIAL SECURITY	NO.	17. INFORMANT			ADD	RESS			
1,	es, no, or unknow	VII) (If yes give wo	r or dates of service)	unknow	n	Mr. Jos	ech Ri	ruba	ker (sor) Alt	tonn	a. Pa	3
1				ne far (a) (b), ond (c	-	9.			- 1			APPROXIMATE BETWEEN ONSET	
-	PART I. I	DEATH WAS CAUSED	BY: CAUSE (a)	Sten 5	the	to he	uner	6	Cheak		1	well	les .
	955	X		AS A CONSEQUENCE O)F				L- 10-11-1		3		
133		ony, which gave liote couse (a),	(b)										
10		nderlying couse		AS A CONSEQUENCE C)F		- 4.1						4144
	lost.)	(c)	G. BERE									
	PART 2. OTHER	SIGNIFICANT CONDIT	ONS CONTRIBUTI	ING TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)			
NO	116,	X.	- 10-11									1 50	
CATIC	19a. DATE OF C	PERATION		19b. CONDITION FOR WAS PERFORMED		PERATION		100			2	20. AUTOPSY	(?
CERTIFICATION		Klarket.		-								YES 🗌	NO NO
	210. EXTERNAL	CAUSE WAS R CONTRIBUTING	21b. TIME OF	INJURY Manth, Day, Ye		21c. HOW INJURY	OCCURRED (En	ter notu	re of injury in Part	or Part 2, I	Item 18.)	0.75	
MEDICAL	CAUSE OF DEAT	Н	P.1	M. 2/15 19	60	self	will	ie.	lek	_		- Y 111	
M	21d. INJURY OC		ACE OF INJURY (/	At hame, farm, street,		21f. LOCATION Street	et or R.F.D. No	1	City ar Town	1	Coun	nty	State
	AT WORK	AT WORK	., omes conditi	"Home	2	4071	nelo	Um	ropul.	Show		M	1)
10				he remains describ		ve, held an Au	topsy ,	Ins	spection .	Inquiry [W. (and in m	y opinior
	deoth re	sulted from:	Natural caus	ses 🔲 , Accide	nt 🔲,	Suicide 📆,	Homisis		Undetermine	d manner			
7	0.0001	XXL		,		CI	HIEF MEDICAL	EXAMINE	ER 🗍				
	ACTUAL SIGNATURE	Ru	XXX			M.D. A	SSISTANT MED	ICAL EXA	MINER	22b. DATE	E SIGNED	1.0	
	EXAMINER'S	1	/	/ /1	1	D	EPUTY MEDICA			2/	1151	161	
	NAME (Type)	E.	LINK	ARKT			DDRESS(Street	, city, ta	wn, ar county)				
230.	BURIAL, CREMA REMOVAL (Spec	TION, 23b. D ify) 2/2	ATE 20/68			y OR CREMATORY	etery		LOCATION (City or altimore		(County		tate)
24	FUNERAL DIRECT	OR	1 11000 /	ADDR	RESS	14	2Sa. REC'I	BY REC	GISTRAR 1968 Sb.	REGISTRAR'S	SIGNATI	JR	
51	nguetor	line la	HUME/	Glan Bur	175,	4U.	DATE FE	RI	9 1300	1		0 0	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01983 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2a. DATE OF DEATH First puo **ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death death Feb. Month 25 Doy 968 eor (Type or print) Josephine Capretti 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) Female 22 March 1896 Cauc. MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Italy taly Anne Arundel WIDOWED DE DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Bridge Rd during most of working life, even if retired.) Pasadena 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Anne Maryland YES NO . Arundel Pasadena 19 Magothy Bridge Rd. 14. FATHER'S NAME lost 1S. MOTHER'S MAIDEN NAME First First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INEORMANT Yes, no orlynknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o)_(b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burial-transit rise to immediate couse (a). stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) be detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from-2 - 2 5 19 (2) and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ should causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ordos DEGREE director, page should be filed DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Dr. Carlos E. Arrabal NAME (Type) 2705 Mountain Rd. Pasadena, Md. 21122 23a. BURIAL, CREMATION, 23b. DATE CEMETERY OR CREMATORY LOCATION (City or Town)

FEB 2

2b. HOUR P

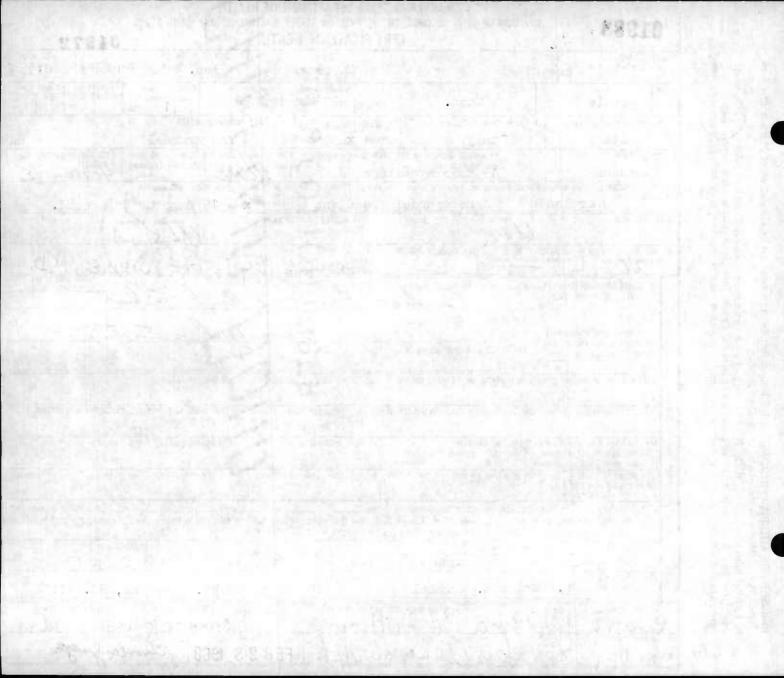
8:55

IF UNDER 24 HRS.

HOURS

BETWEEN ONSET AND DEATH

VR A15 (4) 30M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after deoth. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	20
CERTIFICATE OF DEATH	

1. DECEASED-NAME	First	Middle		Last	2a. DATE OF DEATH	2b. HOUR
(Type ar print)	CORIESS	BYRD	CAL	RTER	FEB Manth 14 Do	1968 B:30a.
3. SEX	4. RACE		S.	DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Ne	gro		Jun 29, 1929	last birthday) 37 YRS.	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State of	r fareign 7b. CITIZEN OF W	HAT COUNTRY?			9. COUNTY OF DEATH	
(puntry) Newahitchk	a, Fla USA		WIDOWED	DIVORCED _	Anne Arundel	Mo
io. city or town of the Ft Geo G 1	DEATH 11.1	NAME OF HOSPITAL OR INSTI		during mg	L OCCUPATION (Kind af wark dane ist of working life, even if retired.) ewife	
13a. USUAL RESIDENCE	Where deceased lived, if institu	rtian: Residence befare	3c. CITY OR TO	WN 13d. INSIDE CITY LIA	AITS? 13e. STREET AND NUMBER	
admissian) STATE	ryland 13b. COUNTY Anne	Amındel	Ft Mead	YES NO	10 8007-C Traj	mor Court
14. FATHER'S NAME	First Middle	Last	15. M	OTHER'S MAIDEN NAME FI	rst Middle	Last
	William	Byre	đ	J	ohnnie Mae	Land
16a. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	. 17. INFO	RMANT	Address	Market Market
Yes, no ar unknawn)	-	263-34-433	1 And	rew J. Carte	r (same as item	# 13)
	ATH (Enter anly ane cause per	ine far (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mepatic Fai.	lure			19 days
5710	DUE TO, OR	AS A CONSEQUENCE OF				
Canditians, if any rise to immediat	, which gave) (b)	Laennec's C:	irrhosi	2		Unknown
stating the unde	rlying cause DUE 10, OR	AS A CONSEQUENCE OF				
last.	(c)	Ascites				
PART 2. OTHER SI	GNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
5 5 K//						
19a. DATE OF OPER. None 21g. ACCIDENT W	ATION 19b. CONDITION FOR W	HICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
None	-		12-55	YES NO	Yes	
			21c. HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)
(If either, natify n	nedical examiner) P.M.	19				
While Nat what wark at wark	rk U			ION Street ar R.F.D. Na.		Caunty State
22o. I certify	that (this hospital), at	ended the deceased	from 2	6 Jan_, 19_	68, to <u>14 Feb</u> , 19 nion deoth occurred on the d)68, that (I) (we) las
causes st	deceased alive on oted obove, (I) (we) (did	(did not) view the bo	ody ofter dec	nat in (my) (aur) apir ith.		
22b. SIGNATURI	sept A	- Phys	DEGREE	ATTENDING MIPHYS.	ED. STAFF 22c	14 Feb 68
22d. PHYSICIAN'S NAME (Type)	JOSEPH A. RHYN	e, III, CPT, MC	3	22e. ADDRESS KIMBROUGH	ARMY HOSP, FT MEA	DE,MD
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE 2 - 1 G - 6	23c. NAME OF CE	METERY OR CRE	MATORY Mato	23d. LOCATION (City or Town)	(Caunty) (State)
24. FUNERAL DIRECTOR		ADDRESS	FELT 1	7. A 2Sa. REC'D BY	REGISTRAR . REGISTRAR	S SIGNATURE
Matas	2 F	1 3/30-17		DATE	862/0 M968 199	Last State Office

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remayal, and in any eyent, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV, 1/68

naurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION O 201

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F	VITAL REC	ORDS, 301	W. PREST	TON STREET	, BALTIMORE,	MARYLAND	212
		CFR	TIFICAT	F OF DE	ΔΤΗ		

			CEKTIFICA	IE OF DEATH			U	197	6
1. DECEASED-NAME	First	Middle		Last	2a. DA	TE OF DEATH			2b. HOUR A
(Type ar print)	Ann	Elizabeth	C	AULK	F	ebruary :	22 19	68	10:15M
3. SEX	nale	4. RACE white	S	NOV 121	1889	6. AGE (In years last birthday)	IF UNDER MONTHS VRS.	DAYS	HOURS MIN
7a. BIRTHPLACE (Stocauntry)	ate ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED		of DEATH			Md.
ANNAPO		11. NAME OF HDSPITAL OR give street address)	0 17	AA Q during r		ATION (Kind of work derking life, even if retire		ISTRY	P 12AL
13a. USUAL RESIDEN admissian) STATE	ICE (Where deceas	ed lived, if institution: Residence before 13b. COUNTY	re 13c. CITY OR TO		NO [3e. STREET AND NUMBER	edale	5+	
14. FATHER'S NAME	First	Middle Last	NS 15.	MOTHER'S MAIDEN NAME	First	Widdl Widdl	Ė	DI "	Last
Yes, na, ar unkno		MED FORCES? var or dates of service) 16b. SOCIAL SECURIT		ormant C U)ood	729 Ross	A 1) -1	. AM	unpolis
PART I. Canditians, if	DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE	OF lentes	Careteon De	slæi	e			ATE INTERVAL SET AND DEATH 3 Maryl ALL ALL ALL ALL ALL ALL ALL A
PART 2. OTHE	R SIGNIFICANT COI	(c)	NOT RELATED TO	THE TERMINAL DISEASE OF	CONDITION	GIVEN IN PART 1(a)			
19a. DATE OF C	PERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20a. AUTOPSY? YES NO S	- 10	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERE	ED IN CER	RTIFYING
₹ OR CONTRIBUT	T WAS UNDERLYING CAUSE OF DEAT	TH HOUR A.M. Manth Day Ye		/ INJURY OCCURRED (Ent	er nature a	f injury in Part 1 ar Par	t 2, Item 18.)		
21d. INJURY While No	OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		ATION Street ar R.F.D. N	a.	City ar Tawn	Caunt	у	State
saw t	he deceased o	is hospital) attended the deced live an 2/22 e, (1) (we) (did) (did not) view th	_1968_, and	that in (my) (our) o	63, to pinian de		19 <u>68</u> e date and	, that (hour a	(I) (we) last nd from the
22b. SIGNATUR 22d. PHYSICIA NAME (T	Met Her	Molecular, Tard I. Hochman, M	D. DEGREE	22e. ADDRESS	MED. DIRECTOR	□ STAFF □	22c. DATE SIG 2/23	NED /	P
23a BURIAL, CREM REMOVAL (Spe	ATION, 23b.	DATE 23c. NAME (OF CEMETERY OR CI			DCATION (City or Town)	PRIACE !	ry) Geo-	(State)
24. FUNERAL DIRECT A HON	clesty	12 Ridgely Ave.	ANNApoli	S, MG 2Sa. REC'D			AR'S SIGNATU	RE	1984

DATE MAR

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	Designer County			
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

LCOILDS	, 001	***	INCOLO	14 311	IXPRIA.	DALL
	CER'	TIF	CATE	OF	DEA	TH

01975

					01 02/11				V A 0/	1 07	
1. DECEASED-NAME (Type or print)	First		Middle		Last	20. D	OATE OF DEATH	Day	Yenr		HOUR
(1700 01 511111)	Connie		Ellen	CH	AMBERS	F	ebruary	1	1968	3 11	:401
3. SEX	4.	RACE			S. DATE OF BIRTH		6. AGE (In years		IF UNDER 1 YEAR		R 24 HRS.
Female		Wh	ite		Oct. 24, 1	1904	last birthdoy)	YRS.	MONTHS DAY	YS HOURS	MIN
o. BIRTHPLACE (Stote	or fareign 7b. (ITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED		NTY OF DEATH				
cauntry) Tennes		U.S.		WIDOWED		An	ne Arundel				Me
10. CITY OR TOWN OF			E OF HOSPITAL OR IN				PATION (Kind of work d	lane	12h KIND	OF BUSINES	
Annapol		give str	eet address)		during		orking life, even if retir		INDUSTRY		JOK
	trad t the		e Arundel			COTIMIL VIE	13e. STREET AND NUMBE	D .			
odmissian) STATE	Anners deceased us	Bb. COUNTY	i: Kesidelite belote	13C, CH1 OK	YES YES		138. SIREEL AND NUMBE	K			
Ma	ryland	An	ne Arundo	T. Fas	ewaten	21					
14. FATHER'S NAME	First	Middle	Last	15	. MOTHER'S MAIDEN NAM	AE First	Midd	le		Lost	
	Porter		Doll		Sal	ly	1.n.	un	known		
16a. WAS DECEASED EV	ER IN U.S. ARMED FO	ORCES?	6b. SOCIAL SECURITY	NO. 17. I	NFORMANT		Addre	SS			
no.	(it yes give well or be	nes or service)	unknown	F	lerbert Char	mbers	- same as	#13	above	9	
18. CAUSE OF D	ATH (Enter only one	couse per/fine	for (a), (b), and (c)		<u> </u>				APPRO	OXIMATE INTER	
PART I. DEA	THE WIAC CALLETT BY	USE (0) The	1 /2	which	on the lux	200			118	Pa	1110
410			A CONSEQUENCE OF	MILIE	and you was				40	_a	w
Conditions, if ony	1			~ 1-1	1 6 / 100	1.	uplete Wdis	0.0	110	P	- 45
rise ta immedio	la causa (a)	(b)(ACL	te myou	andies	Infaction	1 CON	upule no dis	OC.	78	NOU	
stoting the unde	HITTHING COUSES	DUE TO, OR AS	A CONSEQUENCE OF						Un	10.00	
last. 14		(c)	OUVU						10	ans.	-
PART 2. OTHER S	SNIFICANT CONDITIO	NS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	ORCONDITIO	00 1		0		
8	7 avet	3 me	llitus	1001	years; (103	- Ocedity	1			
190. DATE OF OPER	ATION 19b. COND	ITION FOR WHICH	OPERATION WAS P	FORMED /	9	/	20b. IF YES, WERE FAITH?	NGS CO	NSIDERED IN	CERTIFYIN	IG
TIE					YES NO		CAUSES OF DEATH?				
		21b. TIME OF I			OW INJURY OCCURRED (E	Enter nature	af injury in Part 1 ar Po	rt 2, It	em 1B.)		
OR CONTRIBUTING	medical examiner)	HOUR A.M. P.M.	Manth Day Yeor								
	JRRED 21e. PLACE				CATION Street or R.F.D.	Na.	City or Town		County		Stote
While Not wo	nile 🗀	(0	FFICE BUILDING, ETC.	1/	1	11			1		
	that (I) (thischa	senital) alan	ded the decore	ad from	11.000 10	966	to Feb 1	10/	28, the	at/II) OK	70 lac
saw/the	deceased alive	an- LO	D The decease	19/2	that in my) (acout			e dat	e and har	ir dind fro	om the
causes s	ated abave, (I)	we (did) be	id not) view the	bady after o	leath.	apinian a	cam accord an m	ic dui	c dild lide	ii dild iii	OHI III
22b. SIGNATURE	0,11					/		22c. D	ATE SIGNED	/	1
NOG	7-1 leste	10111		DEGR	EE PHYS.	DIRECTOR	STAFF PHYS.	1.	ATE SIGNED	7,6	, 80
22d. PHYSICIAN'S	0 00,0	0-000			22e. ADDRESS	1					
NAME (Type)	Peter F.	Verkeu	w, M.D.		1407 For	rest I	Drive, Anna	pol	is, Mo	d.	
230. BURIAL, CREMATIC			23c. NAME OF	CEMETERY OF			LOCATION (City or Town)		(Caunty)	(Stote	e)
Burial (Specify		160	Wells \				ems Creek		.A.	Md.	
24. FUNERAL DIRECTOR	1/2	4 11	ADDRESS			D BY REGIST				rid.	
//	uneral Ho	6. Hola	Barrie .						rles &	4.44S	4
"Obbrug	mierar /no	JING 7/A	III/apolls,	Ma.	DATE F	LD	D 1300 1	-	· VV	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

Medical of survivors leading and

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01976

						mittin i Gr	114 01	DEPT.	-			A T 6	0 17
1.	DECEASED-NAM (Type or print		First		Middle		/ Lost		20. DA	TE OF DEATH Mon	th Dov	Yeor	2b. HOUR
		61	ara		Ro	- 6/	1 - 0/	ESS		- ĉ	2 2 2	2 68	VO43 AM
3.	SEX		4.	RACE	+1	S.	DATE OF BI	10/02	-		(In years	MONTHS DAYS	HOURS MIN.
7		nale	71. 6	ITIZEN OF WHAT C	//C	0	11/1	0/0	0 6011017	81	YRS.		
	o. BIRTHPLACE (/ "		ITIZEN OF WHAT C	Carre C	8. MARRIED WIDOWED		RIED CED	y. COUNT	WIG DEATH	Au	ndel	
10	CITY OR TOW	N OF DEATH	2 111	VITCY (OF HOSPITAL OR INS				I OCCUP	ATION (Kind of	111000		Md. F BUSINESS OR
6	Crown	. 11		give street	address) //	Str. 17- 14	ac P.			rking life, ever		INDUSTRY	2CSTIC
	a. USUAL RESII	ENCE (Where		ed, if institution: I		13c. CITY OR TO	NWC	13d. INSIDE CITY LA	MITS? 1:	3e. STREET AND	NUMBER	- 0	
00	mission) STA	Ry/ CENC	/ 13	b. COUNTY	MOVEV	Baltin	nove	YES NO		849 1	nc KI	n 57	18661
- 1	4. FATHER'S NA	WE First		Middle	Last	15. /		AIDEN NAME F			Middle		Lost
L		KNOW					UV	Now					
1	6a. WAS DECEA Yes, no, or un	SED EVER IN U.	S. ARMED FC		SOCIAL SECURITY N	10. 17. INE	ORMANT FICUM	0016	Star	re 160	Address	Record	5
-	No	3		K	11-05-1	0/8	CYOTA	ngull	ey/	naryl	and	2/0	IMATE INTERVAL
1		OF DEATH (En		cause per line fa	r (a) (b), and (c).)	a chamb	11/			/			ONSET AND DEATH
	48		MEDIATE CA		100/10	OTOY C	ollay	216				4	GRAS
	Conditions	if any, which		DUE TO, OR AS A	CONSEQUENCE OF	minai M	. 1	nhey	111			-3	drus
	rise ta imi	nediate cause	(0).	(b) DUE TO, OR AS A	CONCEDERACE OF	ronu 19	(1)	Wild Vo				9	400
Т	last.	underlying c	ouse	(c)	1/iral	Pne	umo.	nia				1	WR.
	PART 2. 01	HER SIGNIFICAL	T CONDITION	NS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO 1	HE TERMINA	L DISEASE ORC	ONDITION	GIVEN IN PAR	1(a)		
	492	X											
	190. DATE O	F OPERATION	19b. CONDI	TION FOR WHICH C	PERATION WAS PER	RFORMED	20o. AUTO			Ob. IF YES, WEF		ONSIDERED IN C	ERTIFYING
		FNY MILE HIND	TOLVINO I				YES 🗌	№ Д			rear to		9
		ENT WAS UND		HOUR A.M. M	URY onth Doy Yeor	21c. HOW	INJURY OCC	URRED (Enter	r nature a	of injury in Part	1 or Port 2, It	rem IB.)	
		atify medical		P.M.	OME, FARM, STREET, FAC		TION CA	et or R.F.D. No.	4	Ch. as Taura		Country	Stote
T		Not while of work	ZIE. PLACE	OF INJURY OFFIC	CE BUILDING, ETC.	211. 1003	ATION Stree	or K.r.U. No.		City or Town		County	21016
1	22a l ce	rtify that ((this ha	snital) attende	d the decease	d from	1118	. 19	65/. 10	91	22 19	6 that	(I) (we) last
ı	saw	the deceas	ed alive	in	d the decease	968, and	that in (m	y) (aur) api	nian de	ath accurred	an the dat	te and haur	and fram the
Т	cau	ses stated a	bave,(I)	(we) (did) (did	not) view the l	oady after de	ath.						
	22b. SIGNA	Jolen	11.	Saughi	teryma	DEGREE	ATTENDIN PHYS.		NED.	STAFF PHYS.	#22c. U	PIPZ	168
,	22d. PHYST	CIAN'S	11 11	2011	10 1	1>	22e. ADD			4	tate k	tospita	1
	NAME	(Type) - J61	IN H.	DAUGHT	ERY 19	D.		Cro	uns	616,1	nary	Jemel 1	211 SE
2	BURIAL, CRI		Peb.	21,1968	23t. NAME OF	CEMETERY OR CE	REMATORY		23d. L0	OCATION (City of	r Town)	(County) nia 241	(State)
1	3 REMOVAL		1		ADDRESS	056 0611	e oer y	2So. RFC'D B			REGISTRAR'S		TOT
1	TUNERAL DI	11 7. V	WA SEN	" (tu	1 Mal:	MA.		DATE	28	1968		la Jus	100
	CUNICI	A A A	ALM VIV	JULI I JULI	MAROUL	1 14		DAIL	-		11	UNIT X	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after deat VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01988 CERTIFICATE OF DEATH

04044

7.11							OI DEMIN			1	7 上 前	1 8	
	1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	here deceo	sed lived, if institut	ion: Resider	nce befor	e odmissio	n)
		o. COUNTY	nne Arundel		MADWIAN	10	o. STATE		b. coul	YTY	0		
			outside corporote limits,	1 . 154	MARYLAN		c. CITY DR TDWN (If ou	brida cornar	ata limite verita DIII	PAL and give	20,000,00	t town)	-
		write RURAL ond	give neorest town)							KAL OHO GIV	e lieniez	1 lowii)	
			aurel		yrs. 8	mos		on, D	. C.				1 PAE
		d. NAME DF HOSPITA	L DR INSTITUTION (If not	in hospitol, give stre	et oddress)		d. STREET ADDRESS	-		***		e. IS RESID ON A FA	DENCE APM2
21			n's Center	Hospital			5321 Cla		race, N.	E.			NO 🔼
47		NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mont		Doy	Yeo	or
3		(Type or print)	Michel	le			Clark	DEATH	Febr	uary	18,	19	68
7	S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XE	B. DATE OF BIRTH	9	AGE (In years	IF UNDER		IF UNDER	
	F	emale	Negro	WIDOWED	DIVORCED T	51	1-8-57		last birthdoy)	Months	Doys	Hours	Min.
	100	USUAL OCCUPATION	(Give kind of work done	10b, KIND OF I	BUSINESS OR		11. BIRTHPLACE (County	& State or fo		12. CI	TIZEN OF	WHAT	
	duri	ing most of working l	ite, even if retired)	INDUSTRY						CC	UNTRY?		
			Tonalized				Washingto		C.	U	SA		
л	13.	FATHER'S NAME					14. MUINER S MAIDEN P	IAME					
	1	Calvin	Clyde Clar	k	L200ml		Delores	Green	11 = No. 11 1	1000		BULL	
	IS.	WAS DECEASED EVE	IN U.S. ARMED FORCES?	16. SOCIAL	SECURITY NO.	17. 1	NFORMANT		Addre	ess			
	(16	NO NO	(If yes give wor or dotes of	ervice)		Ch	nildren's Ce	nter	Hospital	. Lau	rel.	Md.	
			ATH (Enter only one couse		ond (c).)							ERVAL BET	WEEN
49	33		H WAS CAUSED BY:	0.0			a lasti	~ 0			ON	SET AND D	EATH
		5199	IMMEDIATE CAUSE (o	,	monar	4	on precio	37			1	,	1
		Conditions, if ony,	DUE TI			1						6	day
5		rise to immediate	(a) source (a)								-		1
		stoting the under)									
		lost. 5 1) (0										
0	×	PART II. OTHER SIG	INFICANT CONDITIONS COL	ITRIBUTING TO DEAT	H BUT NOT RELATED	D TO T	HE TERMINAL DISEASE CON	DITION GIVE	EN IN PART I(o)		19.	WAS AUTO PERFORM	PSY FD?
2	AT10	m	ild del	udiat	100	M	ental re	tand	(ation)	Saner) Y		NO .
	CERTIFICATION	20o. ACCIDENT WAS	UNDERLYING	205. DESCRIBE	HOW INJURY OCCUP	RRED. (Enter noture of injury in I	ort I or Por	rt II of item 1B.)		/		
ħ.	CERT	OR CONTRIBUTING		A STATE OF THE STA									
		(IF EITHER, NOTIFY)		20d. INJURY C	CCUPPED 120	o DIAC	E OF INJURY (Home, form	. 20f.	(City or town)	((0	unty)		Stote)
	MEDICAL	Hour o.m			Not While		ory, street, office bldg., etc.)		(City of lowin)	(60	Omy,	,	310167
	2	p.m	. 19	ot work	ot work						F 67	7.2	
		21. I certif	y that (I) (this hasp	tal) attended th	ne deceased fra	m_J	June 6,1	9 58,1	lo Feb. 18	, 19_	08, 1	nat (I) (1	we) las
		saw the de	ceased alive an F	eb. 18	_19 <u>68</u> _, and	d that	death accurred at	1:400	A, fram causes	and an t	he dat	e stated	l abave
	1	22o. SIGNATURE	.1 1/	C 11			ATTENDING	MED.	STAFF		ATE SIGN		
	٠,	Lond	Hak.	(0,1)	norl	M.D	PHYS.	DIRECTOR	PHYS.	1 2	-19	-10	5
		22c. PHYSICIAN'S					22d. ADDRESS						
		NAME (Type)	LORETTA	K. GILMOF	RE, M. D.		Children'	s Cen	ter Hosp	ital,	Lau	rel,	Md.
Н	230	. BURIAL, CREMATIO	N. 23b. DATE THER	EOF 23c.	NAME OF CEMETER	Y OR O	CREMATORY	23d. LC	CATION (City or To	wn)	(County) (S-	tote)
		REMOVAL (Specify)										,	
1	24	Buria	1 2-23-6	ŏ l	Raltimore ADDRESS	N S	arional 250 REC'D	BY REGISTI	RAR 1 25b. RE	GISTRAR'S	HGNATUR	d	
2	1	TOTAL DIRECTOR	7	11. 6	3015-120	the?		2 3 1		iarle	O Yes	1	1
. 1	1	1 /////	1 11/1/1/11/11/11/11/11/11/11/11/11/11/1	1 2 111 1	S. A. J. M. J. C.		/ Law I DATE H	1			10.0	THE R. P. LEWIS CO., LANSING, MICH.	

aurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician. Pages TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill: director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon page shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within.

VR A15 (4) 20 M 1/66

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	P Charles	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01303	CERTIFICATE OF DEATH	01978
1. DECEASED-NAME (Type or print) EHEL Middle	CORBIN 20. DATE OF DEATH Manth	28 68 3:30H
3. SEX 4. RACE	5. DATE OF BIRTH 3-29-1902 6. AGE (In lastroigh)	
70. BIRTHPLACE (State or foreign country) N	8. MARRIED PREVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED HULE ARE	INDEL M
HUNAPOLIS GOB HER	R INSTITUTION (If not in haspital 2 i.CANA DR. 120. USUAL OCCUPATION (Kind of w duying most of working life eyen if	retired.) INDUSTRY
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY 13b. COUNTY		ERICANA DR
14. FATHER'S NAME First Middle Los HERHAN GUTTERMA	15. MOTHER'S MAIDEN NAME First	Middle Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or Unknown) (If yes give war or dates of service) 16b. SOCIAL SECUR	WILL H. CORBIN #	Address 13E
18. CAUSE OF DEATH (Enter only one couse per line or (o), (b), ond PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	many Cclaus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEADLY
Conditions, if ony, which gove	ian artery Hill	lean 2ty
rise to immediate couse (a), stating the underlying cause last.	who trait fail	en 2 Fm.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	T NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	(0)

20o. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner)

Month Day Year (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21e. PLACE OF INJURY

21f. LOCATION Street or R.F.D. No.

City or Town

Stote County

21d. INJURY OCCURRED
While Nat while at work

22c. DATE SIGNED

PHYSICIAN'S NAME (Type)

ATTENDING PHYS. DEGREE 22e. ADDRE MED. DIRECTOR

BURIAL, CREMATION,

23b.

23d, LOCATION (City or Town)

(County) (State)

director,

VR A15 (4) 30M REV. 1/68

and in any event, within 72 hours

ar remayal,

3 shauld be detached far use as the burial-transit permit.

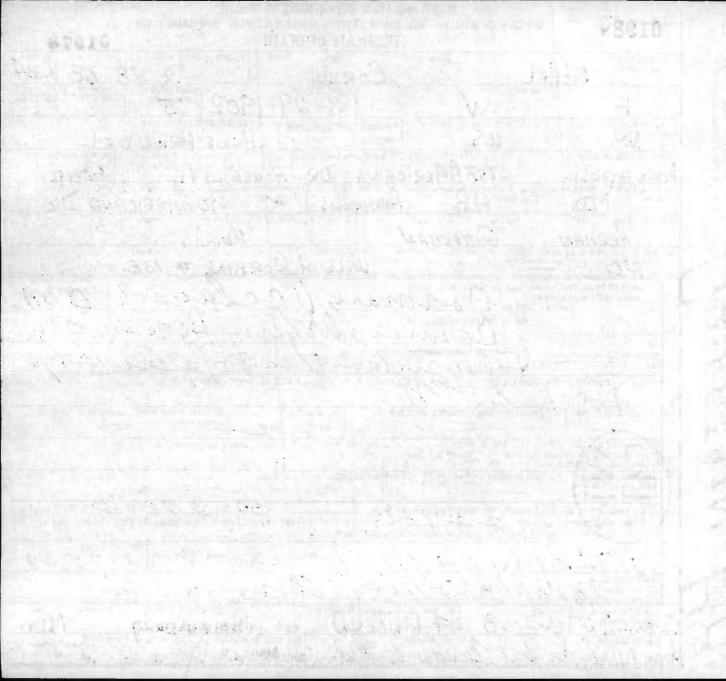
directar, page 3 shauld be detached far use as the burial-transıt pem shauld be filed with the State Dept. af Health prior ta burial, crematian, O FUNERAL DIRECTOR: After this certificate has been signed by

the attending physician and campletely filled in sit permit. Then please remove carban papers.

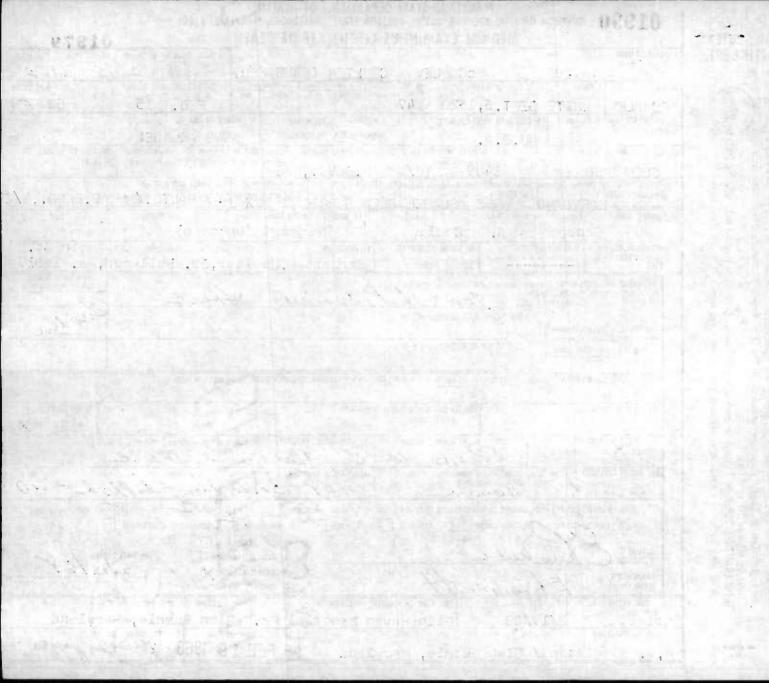
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

haurs

25a. REC'D BY REGISTRAR
DATE



\		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4) - 1		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	91970
of I	1. D	CEASED-NAME First Middle Last 2a. DATE KNOWN Ma	22333
	(1	ype or Print) IVA MCCAULEY COULTER (BRUBAKER) OF ESTI- DEATH MATED Z	
	3. SE	X 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 Year if under 24 HRS. 2c. DATE PRONOUNCED DEAL	D 2d. HOUR
		EMALE WHITE SEPT. 6, 1920 47 YRS. FEB. 13	Year 19 68 PM
	7a. E	IRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH TY) U.S.A. WIDOWED ANNE ARUNDEL	
	10. 0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work do	ine 12b. KIND OF BUSINESS OR
00		GLEN BURNIE #409 BALTD/ANNAP.BLVD., N/E	d.) INDUSTRY
11		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER MISSION) STATE 13b. COUNTY 13b. COUNTY 409 BALTO. #	ANNAP.BLVD.,NZ
0 2	14. F	THER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
1		Geprge A. McBauley Margaret (unknown)	
		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS as, no, an analysis of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	344 Main St.
		TO Herbert P. Louiter, Jr. Bellu	JOOO, Pa. 16617
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).) PART I. DEATH WAS CAUSED BY: ### PART I. DEATH WAS CAUSED BY: ### PART I. DEATH WAS CAUSED BY: #### PART I. DEATH WAS CAUSED BY: #### PART I. DEATH WAS CAUSED BY: #### PART I. DEATH WAS CAUSED BY: ###################################	BETWEEN ONSET AND DEATH
		965 X DUE TO OR AS A CONSEQUENCE OF	Luden
		Canditians, if any, which gave	There
		nse ta immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
) (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	TIFIC	WAS PERFORMED?	YES NO
2		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DEATH 21b. TIME OF DULKY Month, Day, Year PORT OR CONTRIBUTING DEATH 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1	2, Item 18.)
	MEDICAL	CAUSE OF DEATH P.M. 2/15 1960 Reconstruct Wallet 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
		WHILE NOT WHILE of factory, affice building, etc.) AT WORK AT	
		220. I certify that I toak charge af the remains described abave, held an Autopsy, Inspection, Inquiry	and in my opinior
		death resulted from: Natural causes 🔲 , Accident 🔲 , Suicide 🔲 , Homicide 🛂 Undetermined man	ner 🗌
		ACTUAL CHIEF MEDICAL EXAMINER 22h	AAVE CLOSED
		SIGNATURE	DATE SIGNED /68
6		NAME (Type) EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	24,3,0
	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
		REMOVAL (Specify) rial 2/19/68 Glen Haven Memorial Pk. Glen Burnie, FUNERAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 125b. REGISTR	
2			AR'S SIGNATURE
1	4 13	V SUBBLE LIB / GIPT BUTTER WATVISHE DARLING A DOOR	V A B



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FOR STATE	1 0	CEASED-NAME	Final	MEDIC			CERTIFIC		UF DEA		DATE W			0198	133
HEALTH DEPT.		ype or Print)	First		Mide	ale	/ "	Lost COS	-	20	OF	NOWN ESTI-		Day Yes	
si of By Ma		v		erc	/-	I/ AOF -			IF UNDER 24	UDC 0		MATED		27 1	96 1
delay M3. Pa	3. SE	^	4. RACE	S. DATE OF BIR		6. AGE (In s	reurs .	DAYS	HOURS 24	MIN. 20	c. DATE PR	ONOUNCED		7 Year	2d. HOUR
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e Deg		IRTHPLACE (Stote		7b. CITIZEN OF WH		В.	MARRIED N				Y OF DEAT		. ,	da	
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e Poge with the Ska		1 6		give s	street oddress)	L OK INSTITU	ALUNO	luspilui	during n	mast of w	arking life	, even if re	etired.)	INDLICTEV	
Give Give long vith the ath.	/ "	IISIIAI DECIDENI		ed lived, if institu					Reti	rea	orer	K AND NUMB		1	MCA
s after 18. Giv t olong with t death.		lmission) STATE	Moses I on				GlenBu					Tiema		ive	21061
hours after de Item 18. Give F Office olong w 1 and 2 with the offer death.	14 E	ATHER'S NAME	First	Middle		Lost		ER'S MAIDI		First		Midd		2.4.0	Lost
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I within 24 n pencil in Exominer's File pages n 72 hours	160.1		ER IN U.S. ARMED F		16b. SOCIAL SEC		17. INFORMA	-	LIZUDO			ADDRESS		1113011	21061
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with with the Exon File		ID CALISE OF	DEATH (Enter and	u ana rawa nar li					, ,	, 100	- 11	Oman.	227	APPROX	(IMATE INTERVAL
ould be executed word "pending" in the Chief Medical Eriol-tronsit permit. Find event within		PART I. DI		y ane cause per li) BY: TE CAUSE (o)				0	2		0			BETWEEN	ONSET AND DEATH
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be eximined merity possity pos		Conditions, if or	ny, which gave)		NJ A CONSEQUI	THEE OF								-	
ould by yord or Chine Chine any e		rise to immedi	ate cause (a),	(b) DUE TO, OR	AS A CONSEQU	ENCE OF		70							
should be executed to word "pending" is the Chief Medical buriol-tronsit permit.		last.	dellying coose	(a)											
0		PART 2. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUTI	ING TO DEATH B	UT NOT REL	ATED TO THE TER	MINAL DIS	SEASE OR CO	NDITION (GIVEN IN P	ART 1(a)		1	
	_	4500													
This certificoticote, writing be forwarded do be used os or removol, or	CERTIFICATION	19a. DATE OF OI	PERATION		19b. CONDITION		OPERATION	2				77.17		20. AU	OPSY?
This c icote, be for d be u	TIFIC				WAS PERF	ORMED?								YES	□ NO 🔀
fico fico l be ld b		21a. EXTERNAL C		21b. TIME OF	INJURY Manth, D	ay, Yeor	21c. HOW IN	JURY OCC	URRED (Ente	er nature (of injury in	Port 1 or	Part 2, Ite	m 1B.)	
KAMINER: 1 te the certific ge 4 shauld k your files. age 3 should crematian, o	DICAL	CAUSE OF DEATH	CONTRIBUTING [HOUR A.J		19									
he he sh	ME	21d. INJURY OCC		LACE OF INJURY (A		street,	21f. LOCATIO	N Street or	r R.F.D. No.	11-110	City or	Town		County	Stote
EXAMINER: cute the cert oge 4 shaulo r your files. Page 3 shoulo I, crematian	133	AT WORK AT		iory, unite bondin	g, etc.)						140				-0 RIST
cal E executor. Por Por CTOR: burial,	14	22a. 1	certify that I to	aak charge af tl	he remains d	escribed a	bave, held an	Autap	sy 🔲,	Inspe	ectian [], Inq	uiry 🔄	, and i	n my apiniar
DEPUTY DICAL E SCESSORY, please exect the function. Poly moy be retained for FUNERAL DIRECTOR. The prior to buriol.		death res	sulted from:	Natural caus	ses A	ccident [, Suicide		Hamicide		Undeter	mined m	nanner [
please direct direct retaine DIREC			4	7 1				CHIEF	MEDICAL EX	XAMINER					
ry, ple y, ple frol di ve ret AL D		SIGNATURE _	Open	hreak			M.	.U.	TANT MEDIC		1.	2	2b. DATE S	SIGNED	8
cessory, e funero moy be FUNERAL		EXAMINER'S	E1	/	14				TY MEDICAL			_	2/	12/6	
o DEPUTY necessory, the funerol 5 moy be o FUNERAL Health pri		NAME (Type)	161	ルクはた	d /				ESS(Street,				1	HEO	
10 10 10 He	230.	BURIAL, CREMAT REMOVAL (Special	(v)				TERY OR CREMA					ity or Town	,	(County)	Tucker
	24	BURTAL	3-	2-1968			L1 Cemet	-	OC- DECID	-				ginia,	County
VR A15ME (5)	74. H	oward H	Hubbar	d, 4107	Wilkens	AVE.	2122	00	2Sa. REC'D		4 19		PERAS S	IGNATURE	ME STEEL
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01332	1	CERTIFICATI	E OF DEATH		01981			
1.	PLACE OF DEATH o. COUNTY	Arushil	MARYLAND	o. STATE	b. cou	tion: Residence before odmission)			
6	b. CITY OR TOWN (If outside write RURAL and give no	eorest town)	C. LENGTH OF STAY IN 16	BALTU	side corporote limits, write RU - Rosedale				
NO	1014 B	ISTITUTION (If not in hospito	d, give street oddress)	d. STREET ADDRESS	Zoyboru T	e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF DECEASED (Type or print)	Ollie E	lizabeth (Lux lee	4. DATE Mon' OF DEATH	6 1968			
2.5.	T. 10	OR OR RACE 7. MARRIE WIDOWE		8. DATE OF BIRTH 5/27/87	9. AGE (In years lost birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.			
	o. USUAL OCCUPATION (Give ki uring most of working life, even HOUSEWILE		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY 2			
13	Richard Cart	in		14. MOTHER'S MAIDEN N					
15	15 WAS DEFEASED EVER INITIS ARMED ENPIES? 14 SOCIAL SECIPITY NO. 17 INSORMANT (CO.)								
()	(es no, or unknown) (If yes gi	ve wor or dotes of service)	AT	,	rlee, 3416 Du	Dundalk, Md.			
	PART I. DEATH WAS IN Conditions, if ony, which grise to immediate couse	DUE TO O(0), DUE TO	for (o), (b), and (ch) on the letastation of	licese (Jeneralise	INTERVAL BETWEEN ONSET AND DEATH			
	stoting the underlying colors.	ouse (c) Ce	weer of	he bree	st (0)				
CATION	170X	IT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELAXED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIF	20o. ACCIDENT WAS UNDERL OR CONTRIBUTING □ CAUSI (IF EITHER, NOTIFY MEDICAL	E OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Mor Hour a.m. p.m.	Wh		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	, 20f. (City or town)	(County) (Stote)			
	21. I certify that saw the deceased	(I) (this hospital) ofted	ended the deceased from_ 19 <u>68</u> , and the	12 - 6 - , 19 at death accurred at	9 <u>6 7</u> , ta <u>2 - 6</u> 4.10 <u>A</u> M, fram causes	, 19🛂 , that (I) (we) last and an the date stated above			
	22o. SIGNATURE	Pundo C.	Jams M	.D. PHYS. 🔼 1	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2/6/68			
1	22c. PHYSICIAN'S NAME (Type)	DELANDO/	e. RAMOSH	D Erwinde	I Redical	Trans			
23	lo. BURIAL, CREMATION, PEMOYAL (Specify)	23b. DATE THEREOF 2/9/68	23c. NAME OF CEMETERY OR Marshville Ci	ty Cemetery	23d. LOCATION (City or To Marshville				
	4. FUNERAL DIRECTOR J. Duda,	7922 Wise A	ADDRESS ve. Dundalk. Md	2Sq RECID	BY REGISTRAR 25b. RI	GISTRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours afte Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

Middle Come Company Age Company (1980)

MARYLAND STATE DEPARTMENT OF HEALTH Item 6 Film G39 NISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01333		, , , , ,	,, 00 1212	CERTIFICA	ATE OF DEAT	TH			0198	82
		CEASED-NAME	First		Middle		Last	20	DATE OF DEATH	-al D-		2b. HOU
	(1	ype or print)	All	pert	Floyd	De	nner		779 -	nth Da	γ Yeor 1968	2:10
	3. SE			4. RACE			S. DATE OF BIRTH		6. AGE	(In years	MONTHS DAYS	IF UNDER 24 H
		Male			hite		8-25-9		/	2 73 YRS.	MONTHS ONLS	
	70. BIRTHPLACE (State or fareign cauntry) Penn.			U.S.		WIDOWED	NEVER MARRIED DIVORCED	9. 00	Anne A	rundel	County	
54		Glen Bur	mie,	Md.	I. NAME OF HOSPITAL OR IN ive street oddress) The North	Arundel	Hospital	ng mast a	CUPATION (Kind of working life, eve RPENTER	n if retired)	INDUSTRY	BUSINESS OR
7		USUAL RESIDENCE (W ssion) STATE MC		ed lived, if inst 13b. COUNT	titution: Residence before Y Anne Arund	el Pasa	dena YES	NO NO	Box 6	6 Lake	Shore,	Swift
,	14. F		irst	Middl	e Last	15.	MOTHER'S MAIDEN NA	AME First		Middle		Lost
		Charl						Bec.	k Denner			
		was deceased ever es, no, or unknown)		NED FORCES? or or dates of service	16b. SOCIAL SECURITY 214-44-2		FORMANT Ospital R	ecord	S	Address		
3.		1B. CAUSE OF DEAT	H (Enter an	y ane cause pe	er line for (o), (b), and (c)	Val	14	, 7	7		APPROX BETWEEN	IMATE INTERVAL DNSET AND DEATH
37		PART I. DEATH) BY: ITE CAUSE (0) _	Batto	4/1	Unla cake	119	Mense		48	Lon
		375.9			OR AS A CONSEQUENCE OF	4 ,	11 1	21			14	2
3		Canditians, if any, w	hich gave	(b)_	MOVL	C 1/0	we z	tal	ane.		70	20
28		stating the underly		DUE TO, (OR AS A CONSEQUENCE OF							
- 1	Н	last.	,	(c)_	LIDUTING TO DELTH BUT A	LOT DELL'ES TO			T.O. O.			
		PART 2. OTHER SIGN	IFICANT CON	IDITIONS CONTR	EIBUTING TO DEATH BUT N	IOI RELATED TO	THE TERMINAL DISEAS	E OR CONDI	TION GIVEN IN PAR	(I 1(a)		
2	CERTIFICATION	190. DATE OF OPERATI	ON 19b.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	8	20b. IF YES, WE		CONSIDERED IN C	ERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEAT	H HOUR A	**	9 21c. HO	V INJURY OCCURRED	(Enter natu	ire of injury in Par	t 1 or Part 2,	Item 1B.)	
	ME	21d. INJURY OCCURE While Not while at work at wark			RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	W. Year			City or Town		County	State
		saw the de	ceased a	live on	attended the decease 2 - / 2 id) (did not) view the	19 6 and	that in (my) (our) opinior	death occurre	d on the do	ate and hour	and from
3		22b. SIGNATURE		no	× 111	7	ATTENDING 1	MED.	CT STAFF		DATE SIGNED	10
		greet	Eng.	114	The left	DEGRE	PHYS.	DIRECT	OR PHYS.	7 2	1/2	65
1		22d. PHYSICIAN'S NAME (Type)	V		//		22e. ADDRESS					
	00-	DUDIAL CDEMATION	23b.	NATE	LOS- NAME OF	CEMETERY OR C	DEMATORY	Inn	LOCATION (CA.	- T\	16 -4 1	(6)-1-1
	Z3Q.	BURIAL, CREMATION, REMOVAL (Specify)				CEMETERY OR C		230	LOCATION (City		(County)	(State)
2	24	FUNERAL DIRECTOR	12-1	5-1968	ADDRESS		emetery 25g RI	EC'D BY REG	Baltime GISTRAR 25h	re Ma		
(8)			ence-	4001 R	itchie Hgwy	Balti					relay la	446

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by director, page 3 should be detoched for use as the burial-tronsit permit. Then pleose remove carbon papered should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

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Heo!th prior to buriol, cremotion, or removol, and in ony event within 72 hours after deoth.

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This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	no.	0	0	10	
0	1	S	8	3	

- 4				
	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceosed liv o. STATE	b. COUNTY
	b eff OR TOWN (If outside corporate limits, write RUPAL and eight gearest town)	c. LENGTH OF STAY IN 16	c CIVOR-TOWN (If outside corporate lim	nits, write RURAL sind of energest town)
3	d. NAME OF HOSPITAL OR PUSTITUTED (IF HOT IN	hospital, give street oddress)	d. STREET ADDRESS COLO Honald	Harbor Pal e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF DECEASED (Type or print)	la ann	Naggo 4. DATE OF DEATH	Month Doy Year 29 1948
	Fremale Col	MARRIED NEVER MARRIED X	1219-1947 los	(In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Hours Min.
	Too. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRYHPLAGE (Store or foreign country	12. CITIZEN OF WHAT
	13. FATHERS MAME William Hein	y Wiggo	14 MOHER'S MAIDEN NAME	reffin
	TS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of ser	vice) 16. SOCIAL SEGURITY NO.	ENNEL Wiggs	Commovelle Mc
	18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	er line to (0), (b), and (c).	Reguraly Elec	INTERVAL BETWEEN ONDET AND DEATH
	Conditions, if ony, which gove (b)	,		- 360
	stoting the underlying couse lost. DUE TO			
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	ISUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of	item 18.)
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	y or town) (County) (Stote)
	21. I certify that I took charge of deoth resulted from Natural Co			Inquiry , ond in my apiniar
	ACTUAL SIGNATURE	reall	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		Linhardt	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or co	2 - 1 - 62
	230. BURIAL, CREMATION, 23b. DATE THEREO	18 23c. NAME STCEMETERY	lesley water	(City or Town) (County) (Sylve)
	24. FUNERAL DIRECTOR	10+1 PODRESS	250. REC'D 8Y REGISTRAR DATE MAR 4 19	25b. REGISTRAR'S SIGNATURE

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 7, 7, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of TO DEPUTY MEDICAL EXAMINER: VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

019	32 DIVISIO	IN OF VITAL RECORDS,				AKTLAND 212	01		
			LEKTIFICA	TE OF DEATH				019	84
1. DECEASED-NAME (Type or print)	First	Middle	70	Lost	2o. DATE	OF DEATH Month	Dgy	Yeor	2b. HOUR
	George	Watkins		OLAN	Feb	ruary	5	1968	12:45
3. SEX	4. RACE	11/	5.	DATE OF BIRTH	397	6. AGE (In year lost) that (In year)		MONTHS OAYS	HOURS MIN
o. BIRTHPLACE (Sto	ate or foreign 7h CITIZE	N OF WHAT COUNTRY?	B. MADDIED FT	0 0 10	9. COUNTY	OF DEATH	1 K3.		
country) N. Y.	of larting.	U.S.	WIDOWED	NEVER MARRIED DIVORCED	7	e Arundel	1		N
O. CITY OR TOWN	OF DEATH	11. NAME OF HOSPITALOR IN	STITUTION (If not			ON (Kind of work		12b. KIND OF I	BUSINESS OR
HUNAPO	phis	give street address	GENE	RAL	mos Ward	ng life, even if reti	red.)	INDUSTRIS.	Gout
30. USUAL RESIDEN odmission) STATE	ICE (Where deceased lived, if	institution: Residence before	13c. CITY OR TO	1	NO 13e.	STREET AND NUMB		AUS	
14. FATHER'S NAME	First A	Aiddle Last	1S. 1	MOTHER'S MAIDEN NAME	First	Mid		tr. 1	Lost
-7/	OSEDH E	. DOLAI	V	LAURA				8/61	ODF 1
	DEVER IN U.S. ARMED FORCES own) (If yes give war or dates of s	? 16b. SOCIAL SECURITY I	NO. 17. JNF	ORMANY OR D	bhaw	# 13 Addr	ess		
IB. CAUSE OF	F DEATH (Enter only one cous	se per line for (o), (b), and (c).)	1					NATE INTERVAL
	DEATH WAS CALISED BY-	o)Carcin		esonhaous c	gen	metastas:	ie	2 mos	
150	1/	TO, OR AS A CONSEQUENCE OF	Ollid OI	La opnagas C	SCH	MELASLAS.			-
Conditions, if	ony, which gave)								
nise to imme	01016 (0076 (014	(b) FO, OR AS A CONSEQUENCE OF					- 3		
last.	maeriying coose	(c)							
PART 2. OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OF	R CONDITION G	VEN IN PART 1(a)			
= 150 x	X								
190. DATE OF O	PERATION 19b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FIND	INGS CO	NSIDERED IN CE	RTIFYING
E				YES NO	ST CAU	SES OF DEATH?			
210. ACCIDEN		TIME OF INJURY		INJURY OCCURRED (Ent	ter nature of i	njury in Part 1 or P	ort 2, Ite	em 1B.)	
	ING CAUSE OF CEATH HOU ify medical examiner)	JR A.M. Month Day Year P.M. 19							
While No	OCCURRED 21e. PLACE OF	NJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D. N	lo. C	ity or Town		County	Stote
of work of	ify that (1) (this hasnite	all attended the decease	ad fram	nr 53 19	ta	Feb	196	8 that	(1) (wa) la
saw t	he deceased alive an_	Feb.	968_, and t	hat in (my) tour	pinian deat	h accurred an t	he dat	e and haur o	and fram th
cause	s stated abave, (I) type	al) attended the decease Feb. 1) (did) (with max) view the	bady after de	ath.					
22b. SIGNATUR	769	Sommuch:		ATTENDING	MED. DIRECTOR	STAFF PHYS.	22c. D	TE SIGNED 15/68	
22d. PHYSICIA				22e. ADDRESS		OF ME			
NAME (Ty	S. Bors	suck, M.D		Amos Garre	tt Blv	d., Annar	oli	s, Md.	15.00
BENDYAL (SO	ATION, 23b. DATE (xify) 2-7-0		CEMETERY OR GR	EMATORY	1	TION (City or Town	DI	(County)	(Stote)
24 ELMIEDAL DIDEC		ADDRECC	- / / / /	aca perin	DV DECISTRAD	ACL DECIG	TDAD'C C	ICMATURS	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeful director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages and 2 should be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after deoth. VR A15 (4). 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital ar attending physicion.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Film G398 2/28/68 CEPTIFICATE OF DEATH 01985 DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOURA last and 2 death. death. (Type ar print) funeral DOWNS Harrison February offer (after 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR MONTHS HOURS YRS. hours 7a. BIRTHPLACE State ar fareign 9. COUNTY OF DEATH 7b. CLTIZEN OF-WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [Anne Arundel WIDOWED X filled 11 NAME OF HOSPITAL OR INSTITUTION (If-nat in haspital 12g. USUAL OCCUPATION (Kind of work done and in any event, within 10. CHY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within duling most of warking life even if retired.) remave carban 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 admission) STATE 13b. COUNTY YES X NO Community of Cumberstone 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First pup physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. MFORMAN Yes, no ar inknown) (If yes give war or dates of service) burial, cremation, ar remaval, attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been see as the bethe the priar tab 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO T Health YES [4 may be retained by the haspital or certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year of o (If either, notify medical examiner) detached State Dept. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State this c While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased fram_ and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive on_ 3 should with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page Shauld be filed DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 23d AOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01000
FOR STATE		01994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01986
HEALTH DEPT	1. D	Type or Print) / / / / / > OF FCTI.	Doy Year 2b. HOUR
Oy is 3 to Page	L.,	VOIIII G. Laoingei Death Mated 2	8 16 PM
del del	3. St	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month 2 Day	Freo G 2d. HOUR
Iny Physical	70.1	BIRTHPLACE (State or forgign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ARVING WIDOWED DIVORCED 9. COUNTY OF DEATH ARVING	e/ Mc
hours ofter death tem 18. Give Pages 1, Office along with form and 2 with the State Deather death.	10,6	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If no) in hospital 12a. USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR
Give ong v th th th.	130.	USUAL RESIDENCE (Where deceased lived Hinstitution: Desidence before 12 TITY OR TOWN, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER / /	Dat Douglaing
s after 18. Give e olong 2 with deoth.	04	dmission) STATE/B. 136/947/ne/trunde/thinapolis YES NO 1 44/3 FOURTH O	57,
	14. F	Everett Eddinger Is. Mother's Malden NAME First Middle Bye	r/y Lost
hin niner niner page hou	16a. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, of disjourn) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17/12/92/et Eddinger /homa	suille, N.C.
d with per Exar Exar File in 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), \$6\), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted and adding in Medical Experient. Fix within it within	23	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pullerensellesse Connegad	Luc P.
X P & t		440 9 DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe hief ansi eve		Canditians, if any, which gove rise to immediate cause (a), (b)	
wor the rial-		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ote sed to		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificative, writing forwarded so used as cremoval, or	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	TIFIC	WAS PERFORMED?	YES NO
L jight per lo	MEDICAL CER	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	n 18.)
KAMINER: te the certified to the certifi	MEI	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Tawn	County State
Pog or y R: P		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian
JICAL E) lease execut director. Pog etoined for) DIRECTOR: P		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
director director etoined DIRECT		CHIEF MEDICAL EXAMINER	
ol dol de ret		SIGNATURE BURELLE 22b. DATE SI	GNED /
o DEPUTY necessory, ple the funerol di S may be reft O FUNERAL D Health prior		EXAMINER'S F / 1/20/17 DEPUTY MEDICAL EXAMINER 2/1	8/68
necessor the further f	220	NAME (Type) ADDRESS(Street, city, town, ar county) BURIAL, CREMATION, 23b. DATE. 22c. NAME QECEMBIERY OR CREMATORY 23d. QCATION (City or Town) 0 ((64-4-)
1	1	BENOVAL Speciff 2-21-1968 Rich Fork Baptist Compley Davidson Co.	County) // (State)
VR A15ME (5) 10M REV 1/68	2	FUNERAL DIRECTOR ADDRESS AND DATE FFR 2 1 1968 POLICY ADDRESS DATE FFR 2 1 1968 POLICY ADDRESS DATE FFR 2 1 1968	# 1 . A a B

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The Company of the State of the		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 house-after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

0200	DIVISION OF A					MURE, I	MAKTLAND	21201		
Item 6 Film G3	98 3/6/68	ap C	ERTIFIC	ATE OF	DEATH			77749	019	87
1. DECEASED-NAME First (Type or print)		Middle		Last		2a. DAT	E OF DEATH Month	Doy	Year	2b. HOUR
Ricl	nard			Elm			2	3	68	8:45pM
3. SEX	4. RACE			5. DATE OF B	IRTH		6. AGE (II	yeors	MONTHS DAYS	IF UNDER 24 ARS. HOURS MIN.
Male	Negr	0		5/2	8/04		last birt		MONINS DATA	MUUKS MIN.
7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED [NEVER MA	RRIED	. COUNTY	OF DEATH	,		
(Ountry) Unknown	USA	7.54-3	WIDOWED [RCED 🗌	Anne	e Arund	el		Md.
10. CITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INST	ITUTION (If no	at in haspital		L OCCUPAT	TION (Kind of v	vork done		BUSINESS OR
Crownsville	Crow	et oddress) nsville S	State 1	Hosp.		st of work	king life, even i	it retired.)	INDUSTRY	
13a. USUAL RESIDENCE (Where deceas	ed lived, if institution		13c. CITY OR		13d. INSIDE CITY LIM	AITS? 13e	e. STREET AND I	NUMBER		
admission) STATE UNKNOWN	13b. COUNTY		Unknow	wn	YES NO		Unknow	n	1000	
14. FATHER'S NAME First	Middle	Last	15	MOTHER'S M	AIDEN NAME Fir	rst		Middle		Lost
Unkr	nown			U	nknown			200		
160. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give w	ED FORCES? 16 or or dates of service)	b. SOCIAL SECURITY NO	O. 17. II	NFORMANT	1/- 1/3			Address	XCO X	
162' 110' OL OHKHOMII)		nknown	Hos	spital	Record	s.Cr	ownsvil	le St	te Hos	n. Md.
18. CAUSE OF DEATH (Enter on		for (a), (b), ond (c).)							APPROXI	MATE INTERVAL DISET AND GEATH
PART I. DEATH WAS CAUSED	BY: TE CAUSE (o) Myo	cardial in	nfarct	ion						
4109		A CONSEQUENCE OF				rec 3		- 110		
Conditions, if ony, which gave										
rise to immediate cause (a), (rise to immediate cause (a), (Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
lost. 4	(c)									-2-17
PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTIN	G TO DEATH BUT NOT	T RELATED TO	THE TERMINA	AL DISEASE ORCO	ONDITION	GIVEN IN PART	1(a)		
E Chronic brain	gyndaome	· lues								
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERI	FORMED	20o. AUT	OPSY?		b. IF YES, WERE		ONSIDERED IN C	ERTIFYING
Chronic brain 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN				YES	NO ₩	CA	USES OF DEATH	?		
			21c. HC	W INJURY OC	CURRED (Enter	nature of	injury in Part 1	or Port 2, I	tem 18.)	
Greater Contributing Cause of Deat		Month Doy Yeor								
ZIG. INJUNI OCCURNED ZIE.	PLACE OF INJURY (AT		ORY.) 21f. LO	CATION Stre	et or R.F.D. No.		City or Town		County	State
While Not while at work at work	(0)	TICE BOILDING, ETC.								
22o. I certify that (th	s hospital) attenu	ded the deceosed	d_from_	12	, 19.55	5_, to.	2/3	, 19_	68 , that	(II) (we) lost
sow the deceased o	ive on 2/	319	ba_, one	thot in	y) (our) opir	nion deo	th occurred	on the do	te ond hour	ond from the
couses stoted obove	, (1) (we) (ala) (al	not) view the b	oay offer o	eoin.				1 22- 1	DATE SIGNED	
ZZD. SIGNATURE	11110000	110	DEGR	ATTEND	NG ME	ED. RECTOR	STAFF PHYS.			
22d. PHYSICIAN'S	ruecec	7	DEGR	PHYS.		KECTOR "	₩. PHTS.		2/6/68	
	nedict, M.	.D.			vnsville	2 5+5	to Hor	n:+07	Monard	h and
		23c. NAME OF C	EMETEDY OF		ATTO A T T T C		CATION (City or		(County)	(Stote)
	EB. 28-68	1.0 Md		Scit of	11 6		ALTIN		1 1	(31016)
24. FUNERAL DIRECTOR	-0,00 00	ADDRESS	. 1100	13 CHO	2So. REC'D BY			REGISTRAR'S		
Z., OHEIVIE DIRECTOR		Nooness			FER				La Coco	400

VR A15 (4) 30M REV. 1/68

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uneral Lond 2 r death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. Eiled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove co bon pagers. shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 have

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					EKIITI	AIE UF	DEALL				01	988	
	CEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR	A
(1)	ype ar print)	John	n	Frederick	ENGE	LMANN		Febru	ary	23°	1968	11:50	
3. SE	X		4. RACE			5. DATE OF B	IRTH		6. AGE (In	yeors	IF UNDER 1 YEAR		
	Malè		Whi	te		May	3, 1884	+	last birth	rday) YRS.	MONTHS DAY	S HOURS MI	N.
7a. B	IRTHPLACE (State of try) Germany		7b. CITIZEN OF W		8. MARRIED) WIDOWED	NEVER MAI	RRIED 9	Anne		iel Co	unty		۷d
	ITY OR TOWN OF D	EATH		IAME OF HOSPITAL OR INS street address)			12a. USUAL during mos	OCCUPATION st of working	(Kind af w life, eyen i	rark dane fretired.)	12b. KIND (INDUSTRY	OF BUSINESS OR	
	INAPOLIS		ad lived if inetitu	tion: Residence before	13c. CITY OF	Hospi	13d. INSIDE CITY LIM		REET AND N		1) 3	tri - Emh	
	ssian) STATE Mary		13b. COUNTY			oolis	YES NO				Dr. H	illsme	r
14. F	ATHER'S NAME	First	Middle	Lost	1:	S. MOTHER'S M	AIDEN NAME Fir	rst		Middle		Lost	П
	Aroo.	ld		Engelmann				(Unk	nown)				
16a.	WAS DECEASED EVE	R IN U.S. ARM	NED FORCES? ar or dates of service)	16b. SOCIAL SECURITY N	17.	INFORMANT				Address			Т
- 16	es, ng, ar unknawn)	None		213-18-1	722 M:	rs. A.	Irene	Engel	mann	(wife) Sam	ne as #	2
	18. CAUSE OF DE	H WAS CAUSED	y ane cause per l BY: TE CAUSE (a)	ine for (o), (b), and (c)	Hero	undo	sei				BETWEEN	OXIMATE INTERVAL N ONSET AND DEATHS	
	4339 Conditions, if ony, rise to immediate stating the under last.	which gove)	DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	nd æg	Seuo.	scleus	C6			lei	bio	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
N	3 2	X		2.29%									
CERTIFICATION	19a. DATE OF OPERA	ATION 19b.	CONDITION FOR W	HICH OPERATION WAS PER	ERFORMED 20a. AUTOPSY? YES □ NO 🙉			20b. IF YES, WERE FINDINGS CONSIDERED IN CER CAUSES OF DEATH?				CERTIFYING	
B	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 P.M. 19										em 18.)	State	
	While Nat what work at work	ile 🗆		OFFICE BUILDING, ETC.		DOMINION SILE							
	saw the	deceased al	live an	tended the decease 2/2-3 (did nat) view the l	9 an an	d that in (m death.	, 19 <u>6</u> ıy) (sur) opin	4, ta nian death o	2/2 occurred	3, 19 <u>∠</u> an the dat	e and hau	at (I) (we) lo ur and fram ti	ist he
	22b. SIGNATURE	ull	Hack	unan	history	11112.	PET DIE	ED. RECTOR	STAFF PHYS.	22c. D	ATE SIGNED	168	_
	22d. PHYSICIAN'S NAME (Type)	Rich	nard I.	Hochman, M	. D.	22e. AD	Marre	And	14	una	sell	" ky	
230.	BURIAL, (REMATION REMOVAL (Specify)			23c. NAME OF				23d. LOCATIO	ON (City ar		(County)	(Stote)	-
24.	FUNERAL DIRECTOR	EL	37 lon	ADDRESS			2Sd. REC'D BY	REGISTRAR	25b. F	REGISTRAR'S	SIGNATURE	lary Lan	1
	Singlet	UTI FU	neral H	ome Glen F		e. Md.	DAIL	U 17 1		_//			

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4-1-	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		Item 7a Film G398 WEDICAL EXAMINER'S CERTIFICATE OF DEATH	01989	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN W Month	Day Year 2	b. HOUR
ay is 3 to Page ant of		DEBRA KAY ERGOTT DEATH MATED 2		3:00
delay and 3 W3. Pa	3. 5	last birthday) MDNTHS DAYS HOURS MIN. Manth Day	Year 2	d. HOUR
P P P P P P P P P P P P P P P P P P P		Female White 6-30-67 February 1 BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		3 : 1
		WINDWED DIVORCED O		AA.
		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINES	SS OR
hours ofter death them 18. Give Pog Office along with 10nd 2 with the Sto offer death.		Fort Meade (Laurel) give street address) during most af warking life, even if retired.) USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	INDUSTRY	
s ofter 18. Give a along 2 with tl deoth.	13a	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER		
hours tem 18 Office of ond 2 v		AND A County Fort Meade YES NO FORTEST AV	re.	
			INE HA	PY
hin 24 ncil in I niner's pages I hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	4/4-///	71 .
I within 2 n pencil is Exominer File pages 7.2 hour	-	Yes, na, ar unknawn) (If yes give war or dates of service)		
ecuted in ling" in edical Exermit. Fi		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTO BETWEEN ONSET AND	
Id be executed rd "pending" in Chief Medical Etransit permit. Fy event within		IMMEDIATE CAUSE (a) Interstitial pheumonia		
be ex "pend hief Me ansit p		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF		
vord vord ne Ch		rise to immediate cause (a), (b) stating the underlying couse CDE TO, OR AS A CONSEQUENCE OF		-5
5 > = = = =		last. (c)		
s certificate should e, writing the word forworded to the Cl used as o burial-tra smovol, and in ony	130	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
certificate writing the revorded to see as o novel, and	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?	
0 5 5 6	CERTIFICATION	WAS PERFORMED?	YES Kork	NO 🗆
E 0 0 _ /		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, It		
certifice T certifice hould by lies. should tion, or tion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
EXAMINER: cute the certifuge 4 should your files. Page 3 should, cremation, I, cremation,	W	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Tawn	County	State
CAL Executor. Paged for purial, burial,		22a. I certify that I taok charge of the remains described abave, held an Autapsy 🗷 , Inspection 🔲 , Inquiry 🗀	, and in my o	opinian
Se escretar		death resulted fram: Natural couses 🛣, Actident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner		
please e l' directar retoined L' DIRECT		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE 22b. DATE	SIGNED	
A Se o S		M.D. DEDITED AND EAST EVALUATION OF THE PROPERTY EVALUATI	uary 14.	1968
o DEPUTY necessory, p the funerol 5 moy be n O FUNERAL Heolth pric		NAME (Type) Edward F. Wilson, M.D. Edward F. Wilson, M.D. ADDRESS(Street, city, tawn, ar county)		
10 To The	230	BURIAL (REMATION, REMOVAL (Specify) 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State	e)
	24	Verlay Wolrick Comentery Clentiers Co	Penen	
VR A15ME (5)	13/	FUNERAL DIRECTOR Saured ADDRESS PRINCIPLE ADDRESS PRINCIPLE AS 19 1968 POLICE AND ALLER ADDRESS PRINCIPLE ADDRESS PRINCIPL		
10M REV. 1/68	1	every continue by the Jane Date District	- V	-

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hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02001			CEI	RTIFICATE OF	DEATH			0199	101
1. DECEASED-NAME	First		Middle	Last	2a.	DATE OF DEATH		V	2b. HOUR
(Type ar print)	WILLIA	9M	M.	ERMIN	IE	Monti	Day 2	/ 968	10.30A
3. SEX Male		RACE		S. DATE OF RE	B, 1900	6. AGE (1 lost bird			HOURS MIN
70. BIRTHPLACE (State of country Pennsyl	vania	ITIZEN OF WHAT CO	OUNTRY? 8.	- Lond	(IED]	UNTY OF DEATH	7	60.	M
10. CITY OR TOWN OF D	VILLE	give street	address) WNSYILLE	TION (If not in hospital S. T. HOLL	120. USUAL OCC during most of Machine	UPATION (Kind of warking life, even Shop B	work done if retired.) ethlehe	12b KIND OF BI	JSINESS OR 1 Co.
13a. USUAL RESIDENCE (odmission) STATE		ed, if institution: R b. COUNTY	desidence before 13	CITY OR TOWN BALTIMORE	YES NO	13e. STREET AND 5629	Gree	1110	lue.
14. Institute 3	homas	Middle	ERM IN	IS. MOTHER'S MA	IDEN NAME First	74	Middle	Glasso	S SI
160. WAS DECEASED EVE Yes no, or unknown)	R IN U.S. ARMED FO		SOCIAL SECURITY NO.		Wife)		Address Ba	lto. Mo	Ave.
	ATH (Enter anly ane I WAS CAUSED BY: IMMEDIATE CAI			ary The		Side		APPROXIMA BETWEEN ONS	TE INTERVAL SET ANO OEATH
C11,9 Canditions, if ony,		DUE TO, OR AS A C			113				
rise to immediat stoting the under last.	e cause (a),((b) DUE TO, OR AS A (ONSEQUENCE OF						
10001	GNIFICANT CONDITION	NS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART	1(a)		
190. DATE OF OPERA	TION 19b. CONDI	TION FOR WHICH O	PERATION WAS PERFOI	RMED 20a. AUTOF	NO 🔼	20b. IF YES, WERE CAUSES OF DEATH		SIDERED IN CER	TIFYING
210. ACCIDENT WA	CAUSE OF OEATH	21b. TIME OF INJU HOUR A.M. Mo P.M.	inth Day Year	21c. HOW INJURY OCCU			or Port 2, Ite	m 18.)	
While Nat wh	RRED 21e. PLACE) 21f. LOCATION Street		City or Town		County	Stote
22a. I certify saw the causes st	that (H) (this had deceased alive cated abave, (H)	spital) attende on (we) (did) (di	the deceased 1919	ram) (aur) apinian	tadeath accurred	an the date	and haur ar	() (we) las
22b. SIGNATURE	Here	ulins		DEGREE PHYS.	☐ DIRECTO	STAFF PHYS.	22c. DA	TE SIGNED	N
22d. PHYSICIAN'S NAME (Type)		NEGICA	m.7	22e. ADDR	RESS PHYNYY	le stal	te Kr	gite	e
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 2/6/6	58	Mount Ca	etery or crematory cremet		LOCATION (City or Ba.	Town) Ltimore	(County) Md	(State)
24. FUNERAL DIRECTOR John J. Du	da, 7922	Wise Ave	ADDRESS Dundall		250. REC'D BY REG	7 1958 2Sb.	REGISTRAR'S SI	GNATURE	روا

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 VR A15 (4) 30M REV. 1/68

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	A Comment of the	A The	A (20)
		and the	12/2

1	Lte	em 13e Film G	98 2/25	9/68 kk	301 W. PRESTON STREET, CERTIFICATE OF DEA	TH		019	91
1		CEASED-NAME First		Middle	Lost	2o. DATE	OF DEATH Month D	Vac.	2b. HOUR
1	· ·	Ama	nda	Louise	ESTILL	F	ebron 10	2 1468	8 AM
3	3. SE		4. RACE		S. DATE OF BIRTH	7.661	6. AGE (In years last birthday)		UNDER 24 HRS.
-	7 0	Female	THE CONTRACT OF	White	Aug. 15,		83 YRS	5.	
1	o. B	IRTHPLACE (State or foreign	1 1 1 1 1	F WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED				
1	0 (Kentucky TY OR TOWN OF DEATH				3	Arundel ON (Kind of work done	12b. KIND OF BU	Md.
0	1	1 ILLERSVILLE,	MD.	give street address)	D NURSING HOME	ring most of working	og life, even if retired.)		129
ן ס עני	3a. odmi:	USUAL RESIDENCE (Where decection) STATE Maryland	sed lived, if ins		Millersville YES	DE CITY LIMITS? 13e.	STREET AND NUMBER	TUELIN	MB.
/ 1	14. F	ATHER'S NAME First	. now	le Lost	15. MOTHER'S MAIDEN N	S Cor	ne/12 Middle	Murph	Lost
	160. Y	WAS DECEASED EVER IN U.S. AR es, no prunknown) (If yes give	MED FORCES? war ar dates of service) 16b. SOCIAL SECURITY	NO. 17. INFORMANT ADULSE	JOYCE	Address 4 / 3 6		
		18. CAUSE OF DEATH (Enter o	nly one couse p	er line for (o), (b) and (c)	1)			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a) .	1000	rehopermon	in		2 m	nths
		Conditions, if ony, which gave		OR AS A CONSEQUENCE OF					
		rise to immediate couse (a),	(b)_						
		stating the underlying cause lost.	DUE 10,	OR AS A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONT	RIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIV	VEN IN PART I(o)	1+1: 4	1
u)	z	Disbets	well	Itus, -				Ly mys fr	eenne
2	CERTIFICATION	19o. DATE OF OPERATION 19b	CONDITION FOR	R WHICH OPERATION WAS PE			IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN CERT	TIFYING
		210. ACCIDENT WAS UNDERLYING AUSE OF DE	NG 21b. TIN	NE OF INJURY	21c. HOW INJURY OCCURRED	20 /		?, Item 18.)	
	MEDICAL	(If either, natify medical exam	iner) F	M. Month Day Year	966 Pater fe	yas.	mi	C	Charles
		21d. INJURY OCCURRED 21e While Not while of wark at work	How	2	KIZ	Box 66	MILLERS	101	1 D, Stote
		22a. I certify that (I) of	dive an	attended the deceos	ed from July 8, 1968, and that in (my) (20	19 <u>66</u> , ta <u>7</u>	e6 / d- , 1	960, that (I) is last
		couses stated obov	e, (I) (we) (c	lid) (did not) view the	bady after death.	() apinion deon	roccorred on the c	dore ond noor on	iu iiuiii iiie
1		22b. SIGNATURE	00/11	Air	DEGREE PHYS.	MED. DIRECTOR	STAFF 220	c. DATE SIGNED	,
		22d. PHYSICIAN'S	2700	y or you	22e. ADDRESS	- DIKECTOR -	- FRIS [70000	153
-		NAME (Type) Char	les W.	Kinzer, M.D	. 16 Murra	y Ave.	Annapolis,	Md.	
2	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE - //- /	19 23c. NAME OF	CEMETERY, OR CREMATORY,		NK FORT	(County)	(Stote)
K	JUL	1141146	/4 0	OICH	NICH	LAM	NOIL		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CER1	TIFICATE	OF DEA	TH

01992

	DECEASED-NAME (Type or print)	First		Middle		Last		2a. DATE OF	DEATH Manth	Day	Year	2b. HOUR
	(Type or pinn)	SERAFI	NA		FARO			Febru	Jary	27	68	2/17
3.	SEX		4. RACE		1	DATE OF BI			6. AGE (In year last birthday)	IFS IF	UNOER I YEAR	HOURS MIN.
	Femal		Whit	2	No	ov. 1	1, 188	9	78	YRS.		
7a.	. BIRTHPLACE (State untry)		b. CITIZEN OF WHA	. /	8. MARRIED	NEVER MAR	RIED 9	COUNTY OF	DEATH			
	TEST	-	Ital		WIDOWED 🔀		CED 🗌		Arunde			Mo
	CITY OR TOWN OF		11. NA/ give3t	NE OF HOSPITAL OR INS	TITUTION (If not in	haspital	12a. USUAL	OCCUPATION 古他welking	(Kind af wark Flife, even if ret	dane ired.)	12b. KIND OF	BUSINESS OR Home
130 adi	o. USUAL RESIDENCE	(Where deceased	lived, if institution 13b. COUNTY A	n: Residence befare	13c. CITY OR TO		13d. INSIDE CITY LIMI YES NO		REET AND NUME		ds Fe	rry Rd.
14	. FATHER'S NAME	First o seph	Middle Oell	· Acqua	15. M	OTHER'S MA	NDEN NAME Fire		Mid cancagu	idle oho		Last
16	a. WAS DECEASED E	VER IN U.S. AR MEI	FORCES? or dates of service)	16b. SOCIAL SECURITY N	1		1 - 70	4 N/Ha	Add Ammonds			
	PART I. DEA Ganditians, if an rise ta immedia stating the und last.	ITH WAS CAUSED I IMMEDIATE IY, which gave a te cause (a),	BY: CAUSE (a) DUE TO, OR AS (b)	A CONSEQUENCE OF	7 110	oscile Os	1011	au au	dout		-	lays lays lays
2	1 2 3 /	SIGNIFICANT COND	TIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO TH	HE TERMINAI	DISEASE OR CO	NDITION GIVE	N IN PART 1(a)			
CEPTIEICATION	190. DATE OF OPE	RATION 19b. CC	NDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		YES, WERE FINE S OF DEATH?	INGS CONS	SIDERED IN C	ERTIFYING
MEDICAL CE		VAS UNDERLYING CAUSE OF DEATH medical examine	HOUR A.M.	INJURY Month Day Year		INJURY OCC	URRED (Enter	nature af inju	ry in Part 1 ar f	art 2, Iten	n 18.)	
AM	While Not v	ark	-	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	0	0 0		10	ar Tawn	/	County	State
	220. I certify	that (I) (this	re on (I) (we) (did)	nded the deceose did not) view the	ed from 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	hat in (m	, 19 y) (our) opin	ion deoth	occurred and	Z, 19 <u>C</u> the dote	AZ, thot and haur	t (I) (we) la: and from th
	22b. SIGNATURE	lonay	1 la	doll	DEGREE	ATTENDIN PHYS.	DIR	D. RECTOR	STAFF PHYS.	22c. DAT	TE SIGNED	-68
	22d. PHYSICIAN'S NAME (Type	Floria	IN P	Nado/s	ski	22e. ADD		runi	reds For	1 Rd	2/2	227
23	a. BURIAL, CREMATI REMOVAL (Specif	v) (v	TE archess		CEMETERY OR CRI		tery	Balti	ON (City or Town		(County) land	(State)
1	I. FUNERAL DIRECTO		The	ADDRESS			25a. REC'D BY	REGISTRAR	2Sb. REGIS			. Asta
6:	ingleton	FUNETE	Home/	Garan Bur	mie, Mo	1.	DATE FEE	143	1968	ichan	May you	

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

Page 4 moy be retoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02004 CERTIFICATE OF DEATH 01993 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR the deoth certificate be executed within 24 hours ofter deoth (Type or print) Month 2 4 Doy JE UNDER 1 YEAR 4. RACE 6. AGE (In years 5. DATE OF BIRTH lost birthdoy) MONTHS DAYS ve corbon popers. Po 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) physician and completely filled in en please remove corbon papers. WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if cetired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN odmission) STATE 13b. COUNTY 203 5 , Eas ond in ony 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Joseph Freda Femano 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) signed by the ottending physi buriol-tronsit permit. Then pl buriol, cremotion, or removal, 213-09-1052 WIKE anna Ferrid no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) CPTEDIO VOSCUPON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) ANTENOSC PEROSIS requires that rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) mparred hearma chronic bram syndromt, of Health prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? OS CAUSES OF DEATH? YES 🔲 NO [7] O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retoined by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 1 = 9 = 1968, ta 2 = 24, 1968, that (I) (we) last saw the deceased alive on 2 = 24 = 1968, and that in (my) (aur) apinian death accurred on the date and hour and from the director, page 3 should should be filed with the couses stated abay, (1) (we) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or, Town) (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) odeemer Billia 24_FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) -30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	02005	DIVISION OF VITAL RECOF			MARYLAND 21201		
	02000	9 .	CERTIFICATE O	FDEATH		0199	4
1.	DECEASED-NAME (Type or print)	First Middle	Lost	SCH FE	E OF DEATH Month / Story	Yeor	3b. HOUR 430 N
L	FEMALE.	4. RACE WHITE	S. DATE OF	28-10	6. AGE (In years last birthday) YRS.		UNOER 24 HRS. HOURS MIN.
CC	BIRTHPLACE (State or foreign	USA		ORCED	OF DEATH		Md
1	Han Bu	me give street address!	OR INSTITUTION (If not in haspito	during most of work	TION (Kind of work dane king life, even it fetired.)	12b. KIND OF BU	SINESS OR
od	mission) STATE	leceosed lived, if institution: Residence be	Severna Par	YES NO NO	e. STREET AND NUMBER	napol	25 RQ
L	FATHER'S NAME First	les E. E	avis M.	MAIDEN NAME First	2 A Middle	Celler	Last
10	Yes, na, o unknown) (If ye	is ARMED FORCES? I give war or dates of service)	RITY NO. 17. INFORMANT	eple m	- Felsel	L - Q	Pove
	Conditions, if any, which or rise to immediate couse stating the underlying colost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENC	E OF	NAL DISEASE OR CONDITION (GIVEN IN PART 1(a)		
CEDTICICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION W	AS PERFORMED 20a. AL	150	b. IF YES, WERE FINDINGS CO JUSES OF DEATH?	ONSIDERED IN CERT	TFYING
MEDICAL CER		HOUR A.M. Manth Day P.M.	Year 19		injury in Port 1 or Part 2, I	tem 18.)	
M	While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	Dowlar de	2000100-	Checked E		Stote
	saw the decease causes stated a) (this haspital) attended the deceded alive an— bave, (I) (we) (did) (did not) view	19, and that in (, 19, ta <u>my) (</u> aur) apinian dea	th accurred an the da	te and haur an	l) (we) last ad fram the
	22b. SIGNATURE	erf OF FOC	DEGREE PHYS.	☐ DIRECTOR	STAFF PHYS.	PATE SIGNED	6f.
	22d. PHYSICIAN'S) NAME (Type)	obert R. HA		poress	e Borke	we!	
23	o. BORIAL, CREMATION, REMOVAL (Specify)	23b. DATE 23c. NAM	e OF CEMETERY OR CREMATORY	ional 1	CATION (City or Town)	elle,	(Stote)
24	I. FUNERAL DIRECTOR	ADI	DRESS	2So. REC'D BY REGISTRA		SIGNATURE	48

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camb directar, page 3 shauld be detached far use as the burial-transit permit. Then please remavel shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any eve VR A15 (4) 30M REV. 1/68

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10 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		02006 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0400
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01995
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Type ar Print) OF ESTI-	Day Year 2b. HOUR
oy is 3 to Page nt of		JOE FOULER DEATH MATED 2	21 1968 AW
deloy is and 3 to M3. Page	3. 5	lost brightday) MONTHS DAYS HOURS MIN Manth Day	Year & 2d. HOUR
Poor Poor	-	26 IKJ.	1 Year 1968 AM
1- 0		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED A.A.CO-	Md
hin 24 hours ofter deoth ncil in Item 18. Give Poges niner's Office olong with fappages I ond 2 with the Stoke hours ofter deoth.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Give Give ong th th	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before J3c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER	Com
rs ofter 18. Giv e olong 2 with 1	0	Idmission) STATE MD 13b. COUNTY AA OO HASADENA YES NO 18 1800 530 1	7, Rt 3
4 hours office office offer		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Luther Frank First Middle	Plost Ll
**AL EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 ar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 1 for your files. **TOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Durial, cremation, or removal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No., or unknown) (If yes give wor or dates of service) 234462710 Mrs.) Gerlule Fowle	i - above
should be executed wit ne word "pending" in pe to the Chief Medicol Exan burial-transit permit. File I in any event within 72		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng" dico dico		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jun Shah mound anterior Chish lines	Vuolen
ould be executed vord "pending" in the Chief Medical Eal-transit permit. Fany event within		955 X DUE TO, OR W A CONSEQUENCE OF	
"pe "pe hief ansi		Candifians, if any, which gave rise to immediate cause (a), (b)	
ould vord le C any		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
sho e w o th o th in		<u> ast.</u> (c)	
ICAL EXAMINER: This certificate should be executed within sexecute the certificate, writing the word "pending" in pencil for. Page 4 should be forworded to the Chief Medical Examines of your files. CTOR: Page 3 should be used as a burial-transit permit. File page burial, cremation, or removal, and in any event within 72 hours.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
wri wri rwo rwo sed	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his of the page of	ZIFIC	[10] 17 [27] [20] [20] [20] [20] [20] [20] [20] [20	YES NO 🔀
d b		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 11b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 11c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	
NER: e cer shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 2/21 1968 Self explicit of the March	
MIN the	×	21d. INJURY OCCURRED Verific AT WORK AT WORK AND AN WORK AT W	County State PACO MO
bical Examiner: se execute the certi ector. Page 4 should ined for your files. RECTOR: Page 3 should o buriol, cremotion,			
AL Por for John Juriol		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection Z, Inquiry Z	
Se escronned	13	deoth resulted from: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Homicide 🔲 , Undetermined monner	
directair Dispersion		ACTUAL CHIEF MEDICAL EXAMINER COST DAYS	CIONED
ny, peral be r	10	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	21-68
ro DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your of FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S	ACO.
101 He He	230	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (State)
1	2/4	FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
VR A15ME (5) 10M REV. 1/68	8	olent A. Jananes sure the DATE FEB 2 6 1968 poli	arles Judges
	K	OBERT S. BARRANCO MA	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02007 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH First Middle PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. death, (Type or print) Month Carl B. Gallion Sr. 3 SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years low withdoy) Poge Male White 1-14-01 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
Md WIDOWED DIVORCED [7] U.S.A. Anne Arundel physicion ond completely filled of within , 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH give street oddress)
North Arundel Hospital during most of working life, even if retired.) Glen Burnie 13e. STREET AND NUMBER Box 114 Rt. #2 event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Md. 13b. COUNTY MORESTON AA Severn YES ony IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Middle Lost ond in Frank Gallion B. Marv 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) 212-26-8533 Mildred U. Gallion, same as 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO X the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) For OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work ATTENDING 22a. I certify that (I) (this hospital) attended the deceased fram + 15.77, 1968, ta +26.23, 1968, that (I) (we) last saw the deceased alive an +26.23, 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DIRECTOR 22d. PHYSICIÁN'S

director, page should be filed VR A15 (4) 30M REV, 1/68

NAME (Type)

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Loudon Park Cemetery REGISTRARSOSTENATUR

Kirkley Funeral Home, Glen Burnie, Md.

26 Feb. 68

23b. DATE

250. RECD BY REGISTRAR 1968 В

2b. HOUR

HOURS

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death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Within 24 hours after The law requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Box # 20 -A- YES	IDENCE FARM? NO Min. DUNTRY?
Anne Arundel County b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town write RURAL and give neerest town Hanover d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF DECERSED [Type or print] 5. SEX 6. COLOR OR RACE [7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEW MIDOWED NE	IDENCE FARM? NO 3 4 HRS. Min. DUNTRY?
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Box # 20 = A = Yes	FARM? NO 3
3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER YEAR Hours Devy Months Devy Wiser Months Devy Wiser Months Devy Wiser Months Devy Months	NO A HRS. Min. DUNTRY?
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Colored Colo	HRS. Min. DUNTRY?
Female Colored WIDOWED DIVORCED June 2:1879 88 yrs. Months Day's Hours 106. USUAL OCCUPATION (Give kind of work dome during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME Private Family Portland, Maryland U.S.A 13. FATHER'S NAME Stephen Hebron 14. MOTHER'S MAIDEN NAME Mary Tyler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown (Ifyesgivewarordelesofservice) 213-36-0422 Mr. Frank Hebron - Box 205-A Hanover, Md 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end.(c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (e), steling the underlying DUE TO Conditions, if eny, which geve rise to immediate cause (e), steling the underlying Country Conditions Contributing to Death But not related to the terminal disease Condition Given in Part I(e) 19. WAS A PERFO YES Conditions Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PERFO YES Conditions Part II. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PERFO YES Conditions Part II. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PERFO YES Conditions Part II. Pa	Min. DUNTRY?
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20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County)	itete)
Hour e.m. While Not While factory, streat, office bldg., etc.)	itolej
21. I certify that (I) (this hospital) attended the deceased from 20/21, 10	
saw the deceased alive on	bove.
22a. SIGNATURE ATTENDING MED. STAFF 22b	DATE
All Drewback M.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) DrB. Bruce Brumbaugh 22d. ADDRESS 5609 Main Street - Elkridge, Marylan	
DrB.Bruce Brumbaugh 5609 Main Street - Elkridge, Marylan	4
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	d
Burial 3/2/68 Mount Auburn Cemetery Baltimore, Maryland	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
Herbert E. Nutter 3035 W. North Ave DATE MAR 4 1868 fillantes Just	
Baltimore. Wd	

TREER 1 - RAMON - 2 - LOW DEATH . TEXT - MANY . DESTREE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01998

	ECEASED-NAME Type ar print)	Harry		Middle J •	Gre	last gor	2a. DATE	OF DEATH 2 Manth 5 Day	68 Year	2b. HOUR	
3. SI	Male		4. RACE White			s. date of birth Jan. 6, 18	884	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
CZ	BIRTHPLACE (State ntry)	rakia	7b. CITIZEN OF WH	A	WIDOWED			Arundel		Md	
	CITY OR TOWN OF Brookly	m	give s	ME OF HOSPITAL OR INS treet address)	6TH A	t in haspital 12a. USI during r		ON (Kind af wark dane ng life, even if retired.)	12b. KIND OF INDUSTRY Sug		
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	n. WAS DECEASED E Yes, na, ar unknawi No		ED FORCES? ar or dates of service)	212 09 64		rs. Mabel La	mberth	Address			
MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion								BETWEEN DE	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH Immediate	
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	Diabetes Mellitus 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE				REFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDING CAUSES OF DEATH?		IF YES, WERE FINDINGS CO	CONSIDERED IN CERTIFYING			
	The contributing Cause of Death (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 19										
	While of wark at wark								Caunty	State	
	220. I certify that (I) (this hospital) attended the deceased from Jan J., 1953, to Feb J., 1968, that (I) (we) los sow the deceased alive an Feb 4, 1968, 19, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.										
	22b. SIGNATURE	DATE SIGNED 7/68									
	NAME (Type) Dr. Harry Deibel 12e. ADDRESS L226 S. Hanover Street Zone 30										
В	BURIAL, CREMATI REMOVAL (Specify FUNERAL DIRECTO	1) 2	9 1968	23c. NAME OF G	cemetery or en Have	eh		TION (City or Town) Burnie A. 1 2Sb. REGISTRAR'S		(State) Md.	
24.		Cully		130 E. F	ort Av	per p			276 6	with the	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in By the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV. 1/6

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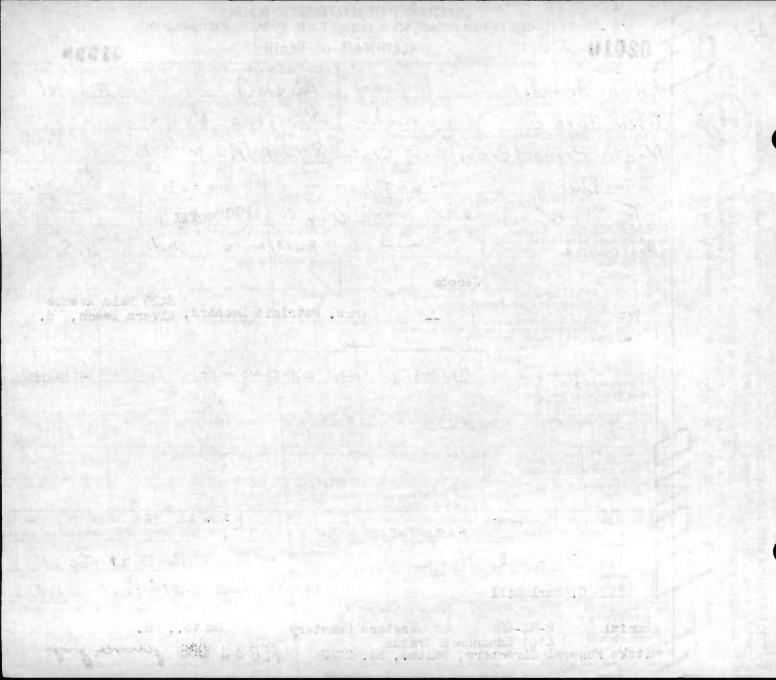
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CFRTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Arre Arunde the death certificate be executed within 24 haurs after MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give neorest tawn) BUTNIE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS within 7 AN VeleceNT CENTA 3. NAME OF 4. DATE remave carban OF DEATH Feb DECEASED (Type or print) 9. AGE (In years 6. COLOR OF RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY physician Baltimore House with 14 MOTHER'S MAIDEN NAM or remaval. Jacobs IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dotes of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave LUNG CARCINOMA rise ta immediate cause (a). DUE TO stoting the underlying cause as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20c. TIME OF INJURY Month, Day, Year Haur 'o.m. Nat While factory, street, affice bldg., etc.) ot wark 21. I certify that (I) (this haspital) attended the deceased fram. 220. SIGNATURE

IS RESIDENCE ON A FARM? YES NO TO IF UNDER 24 HRS IF UNDER 1 YEAR 12. CITIZEN OF WHAT COUNTRY ? 8429 Main Avenue Mrs. Patricia Leonard, Rivera Beach. INTERVAL BETWEEN 19. WAS AUTOPSY PERFORMED? NO (County) (State) 1965, to 21 FEB, 1968, that (1) (was last be retained saw the deceased alive an 20 FEB 1967, and that death accurred at 335 PM, from causes and an the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED ATTENDING M.D. directar, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C Small wood Earl Hill 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 2-24-68 Bal to . Md. Western Cemetery Burial 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 4101 Edmondson Avertie Witzke Funeral Directors, Balto., Md. 21229

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	. DECEASED-NAME (Type or print) Blan	First Snel	Middle lings	Lost Hanky	2a. DATE	OF DEATH 2/Manth 8 /Doy	Y698	2b. HOUR
3	Female Female	4. RACE White		S. DATE OF BIRTH 3/2/01		6. AGE (In years last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. BIRTHPLACE (State or forei country) 'irginia	gn 7b. CITIZEN OF WHAT CO	UNTRY? 8. MARRIEI WIDOWEI	NEVER MARRIED DIVORCED		of DEATH ne Arundel		Md.
	O. CITY OR TOWN OF DEATH Glen Burnie		HOSPITAL OR INSTITUTION (III iddress) i Arundel	nat in haspital 12: dv	a. USUAL OCCUPATI ring most of work	ION (Kind of work dane ing life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
1		deceosed lived, if institution: Re	esidence before 13c. CITY (STREET AND NUMBER 07 Second Av	e., S.H	3.
1	14. FATHER'S NAME First Pet	Middle er	Lost Snellings	1S. MOTHER'S MAIDEN I	NAME First	Middle	Bead	lost gle
	160. WAS DECEASED EVER IN L Yes, no, or unknown) (If	J.S. ARMED FORCES? yes give war or dates of service)		INFORMANT	Thomps	Address on T	owson	Md.
	PART I. DEATH WAS Represented the second state of the second stat	DUE TO, OR AS A CO	ONSEQUENCE OF	TO THE TERMINAL DISE	SE ORCOMOTION S	GNEN (IN PART 1(0)	3-4	NSET AND DEATH
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNI	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a. AUTOPSY?		D. IF YES, WERE FINDINGS CO USES OF DEATH?	ONSIDERED IN CI	ERTIFYING
	21a. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, notify medical 21d. INJURY OCCURRED While Nat while at work at work	examiner) HOUR A.M. Mar P.M.	nth Day Yeor			injury in Port 1 or Port 2, It City or Town	tem 18.) Caunty	State
	22o. I certify that	(I) (this haspital) attended used alive an abave, (I) (we) (did) (did r	1900	nd that in (my) (ou r death.	ur) opinion deot	th occurred on the dat	that te and hour	(I) (we) last and from the
1	22d. PHYSICIAN'S NAME (Type)	and Milling	1	GREE ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR [STAFF PHYS. 2	18	65
	23a. BURIAL, DICE-DOSIGN , REMOVAL (Specify)	23b. DATE 2-21-1968	23c. NAME OF CEMETERY C Holy Cro	oss	Ri	ATION (City or Town) . chmond		(Stote) ginia
	24. FUNERAL DIRECTOR	Silies F	Richmond, \	/a. ZSo. DATE	FEB 23	R1968Sb. REPOLARS	AND RESERVE	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (illedim by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

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1 6	1	Item 21 per phone by MARYLAND STATE DEPARTMENT OF HEALTH state polic division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	T	02012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2001
HEALTH DEPT.	1	1. DECEASED-NAME First Middle Lost / 20. DATE KNOWN Month Do	y Year 2b. HOUR
ay is 3 to 15 to 1		Yordon King HARRIS. JR. DEATH MATED 2 2	6 168 PM
ny delay is 2, and 3 to m3. Page	3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 HRS. 2c. DATE PRONOUNCED DEAD lost bythday) 18 YRS. 4. RACE 7. DATE OF BIRTH 10	Yeor 1968 2d. HOUR
n, 2,		70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form		WIDOWED DIVORCED 12. M. CO. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 120).	Md
Give Pages and with for the State th.	19	Annapolis - give street oddress) Proc Arendel, gen during most of warking life, even if retired.) INC	b. KIND OF BUSINESS OR DUSTRY School
winden	6	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER Odmission). The processor of the company of	ane
haurs Item 1 Office and 2	2 14	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		Gordon K Harris Emily C	Callaway
I within 24 n pencil in Examiner's File pages 77 haurs	16	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Fordon K. Harris 7447 Keystone L	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BEDALEN ONSET AND GEATH
pending ir pending ir ef Medical I sit permit.		8/6. 9 DUE TO, OR AS A CONSEQUENCE OF	the grade
be exe "pendi nief Me ansit pe	3	Conditions, if ony, which gove	
world world the Ch rial-tra		rise to immediate couse (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
o + + c p		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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nis certific tte, writin forward se used a remaval,	g Eve	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item	20. AUTOPSY?
	Tab	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter notuge of injury in Part 1 or Port 2, Item	
e certificat should be files. 3 shauld ba	DICA.	PRIMARY OR CONTRIBUTING HOUR A.M. 2/2 6 19 68 auto Struck frace object CAUSE OF DEATH P.M. 2/2 6 19 68 auto Struck frace object	
XAMINER: te the certifies as 4 should your files. age 3 shau crematian,	5 4	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	County Stote rner AA Md
ical Execut tar. Pag ed far y CTOR: P burial,		22a. I certify that I took charge of the emains described above, held on Autopsy , Inspection , Inquiry	ond in my apinion
JICAL E) Jease execution director. Pagetoined for y DIRECTOR: P		death resulted from: Natural causes . , Accident 🔀 , Suicide . , Hamicide . , Undetermined manner .	
		ACTUAL CHIEF MEDICAL EXAMINER	AUCD / C/
ury, ple eral di be reto RAL Di priar		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIG	6/68
o DEPUTY necessary, p the funeral 5 may be n 0 FUNERAL Health pric	2	NAME (Type) E. LINARROY. ADDRESS(Street, city, town, or county)	n60.
To I	2	DEMOVAL (Specifu)	ounty) (State)
60		Burial 2-29-1968 Epiphany Cemetery Forestville M	aryland
VR A15ME (5)	1	24. FUNERAL DIRECTOROBERT E. Wilhelm Funer Strong Strong 250. RECT BY REGISTRAR 25b. REGISTRAR'S SIGNARY 25c. RECT BY REGISTRAR 25c. RECT	es judgea
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	ANGERS OF THE PROPERTY.	harden a late.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02002 Middle Last 2a. DATE OF DEATH 2b. HOUR DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7h CITIZEN OF 8. MARRIED NEVER MARRIED WIDOWED Z DIVORCED [12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give_street address **INDUSTRY** during mast of working life, even if retired.) USEWIF SNOI 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY YES [NO 12 enton IS. MOTHER'S MAIDEN NAME First Middle Last Last obec 16b. SOCIAL SECURITY NO. 17 INFORMANT Address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF L 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO F 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Year / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC.

deoth. funerol 1 and (Type ar print) 3. SEX 7a BIRTHPLACE (State or foreign within 10. CITY OR TOWN OF DEATH corbon 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before pleose remove ond in ony 14. FATHER'S NAME physician ond 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave? rise ta immediate cause (a). attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the O FUNERAL DIRECTOR: After this certificate hos been 19a, DATE OF OPERATION the hospitol or 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached for State Dept. of H (If either, natify medical examiner) 21d. INJURY OCCURRED While Nat while at wark director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR Poge 4 moy 1 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION/(City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify)

requires that the death certificate be executed within 24 hours after death

OR ATTENDING PHYSICIAN: The low

be retoined by

DECEASED-NAME

VR A15 (4)

24. FUNERAL DIRECTOR

wows (State) (County)

25a. PEDBY REGISTRANGE 256/ REGISTRANS, SIGNATURE

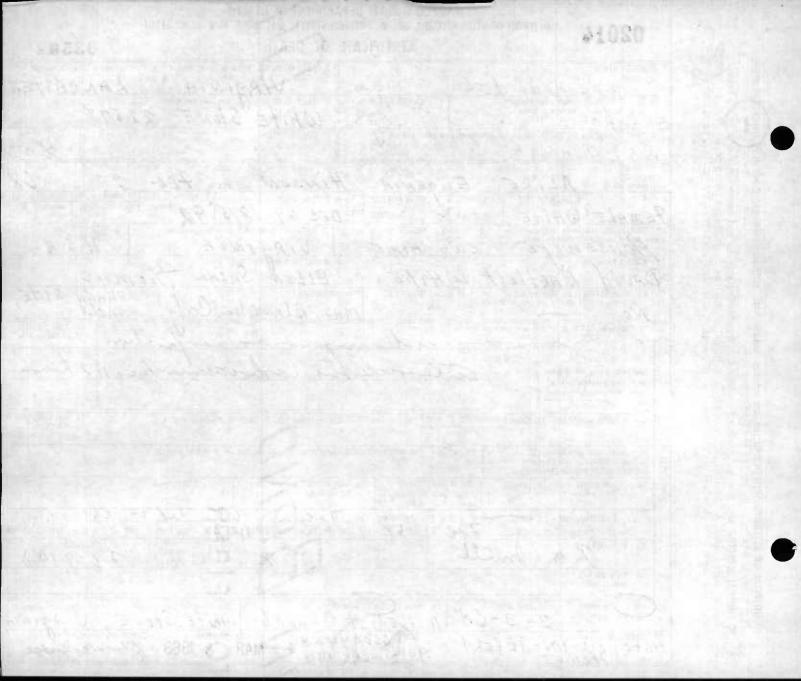
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEKTIFICATE	OF DEATH	03502
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution	: Residence before odmission
	(O. COUNTY NNE ARUN DEL MARYLAND	a. STATE VIRGINIA b. COUNTY	LANCASTER
	t	b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our side corporate limits, write RURAL	ond give negrest town)
	A	write RURAL and/give nearest town) NNADON'S 9 days	White STONE 22	578
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
)	1	BAY MANOR		YES NO
		NAME OF First Middle	Lost 4. DATE Month	10 Doy Year 10
5	5. 5		TINSON DEATH TEU-	IF UNDER 1 YEAR IF UNDER 24 HRS
3	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	Des 20 1075 dest birthdoy)	Months Doys Hours Min.
Я	10o.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
	duri	ing provof working life, even if texted OWN Home	VIRGINIA	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME,	14. MOTHER'S MAJOEN NAME	
	1	DAVID BARTLETT WHITE	ELLEN SUSAN Tho	MAS
1		es. no. or unknown) (If yes give wor or dotes of service)	OS. BLANCHE Cocly Address	Shady SIDE
	_	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	PS. MANCHE CULT	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	youandia infact	ONSET AND DEATH
4		4/09 DUE TO A - 1/1	A	- 0
		Conditions, if ony, which gove rise to immediate couse (o),	he Cardiovascular lise	au 1-2 hours
		stoting the underlying couse DUE TO		
		last. (c)		
,	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	S	4 del percent has improving 53	(f	YES NO
	CERTIFICATION	OR CONTRIBUTING 🗀 CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item 18.)	
	MEDICAL ((IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
	MED		ory, street, office bldg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased fram	John 1968, to tal 29	
			death accurred at 125 M, from causes an	
		220. SIGNATURE & m Smith	D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
		22c. PHYSICIAN'S	22d. ADDRESS DIRECTOR PHYS.	7-4-01 1100
1		NAME (Type)		
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME O CEMETERY OR	01 1 11 01	
/	0.	13- J GO METHOLIST	Church White StON	
	124	1. FUNERAL PIRECTOR ADDRESS 6500 Y	MAD O 1000 M	Strar's SIGNATURE
		HOME BALTIMORE	Ma DATE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death Ofter death. haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2# Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



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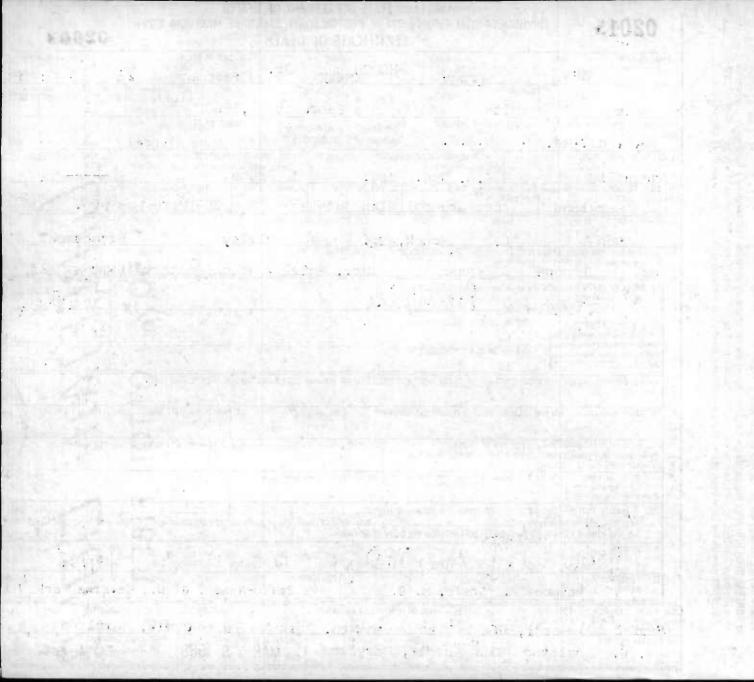
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

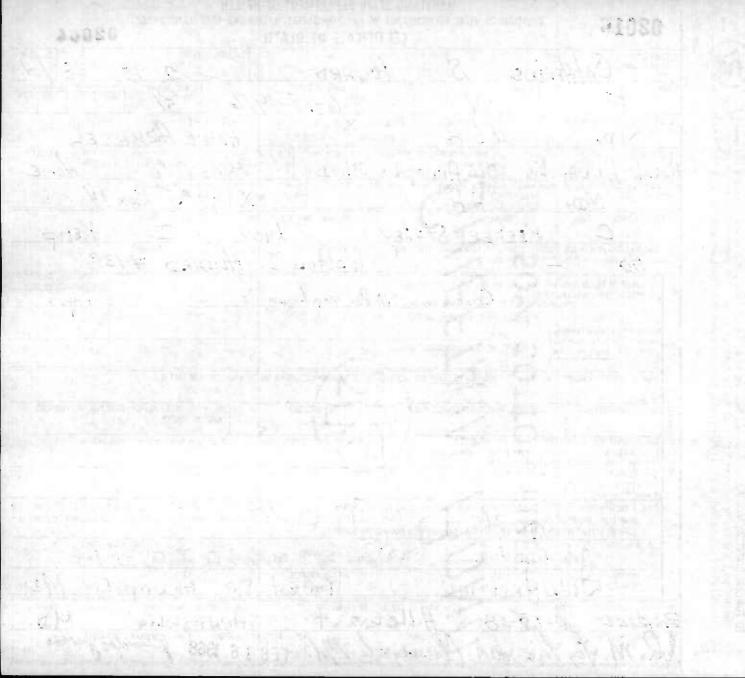
CERTIFICATE OF DEATH

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1.		ASED-NAME	First		Middle		Lost		. DATE OF DEATH			2b. HOL
	(Ty	e or print)	DON		LEROY	HOUCK	ANDY	Jr.	Februar	onth Do	y8 Yeor 8	7.41
3.	SEX			4. RACE	LERLIY		DATE OF BIRTH			E (In years	IF UNDER 1 YEAR	IF UNDER 24 H
		M = 7 =		Whi	+-	188	Februa		1968 lost	birthdoy) YRS.	MONTHS DAYS	HOURS
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L	A	napoli	3		A.A. Gen.	Hosp.		Non	2			
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1	4. FA	THER'S NAME	First	Mid	ldle Lost	15.	MOTHER'S MAID	EN NAME First		Middle		Lost
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Ī		AS DECEASED EVE			16b. SOCIAL SECURIT		FORMANT			Address		
L		, no, or unknown)	non	or ar dates of serv	none	Mr	s. Shi	clev Ho	uck (mo	ther)	Same as	#13
		R CAUSE OF DE	TH (Enter onl	V one couse	per line for (o), (b), and (THE IN	APPROXIN	IATE INTERVA
T.	Ι.	PART 1. DEATI	WAS CAUSED	BY:	MAGNAST						VA.CO	ISC. A
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1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
	5	90. DATE OF OPERA	TION TION	ONDITION FO	OR WHICH OPERATION WAS I	DEDEUDMEN	20o. AUTOPS)	19	JOH IE VES W	/FRE FINDINGS (CONSIDERED IN CE	PTIEVING
	CEXIIFICATION 1	70. DATE OF OPERA	110N 170.	יז אטוווטאט.	JK WHICH OPERATION WAS I	EKTUKINED			CAUSES OF DE		LONSIDERED IN CE	.KIII IIIO
			C HUGSBLVIII	<u> </u>			YES 🗌	NO 🗌				
		TO. ACCIDENT WA		E 1 W 1 1	ME OF INJURY A.M. Month Doy Yea		W INJURY OCCUR	RED (Enter notu	ere of injury in P	ort 1 or Port 2,	Item IB.)	
	MEDICAL	f either, notify m	edicol exomin	er)	P.M.	19				17.59		
		21d. INJURY OCCU	RRED 21e.	PLACE OF INJ	JURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY.) 21f. LOC	ATION Street o	r R.F.D. No.	City or Tov	vn .	County	Sto
	a	While Not wh	le 🗆		Correct Bondard, Ere.							
1		20 1 certify	hat (I) (thi	s hospital) attended the decea	sed from		19	, to	. 19	, that	(I) (we
		saw the	eceased a	ive an		_19, ond	that in (mv)	(aur) apinian	death occurr	ed on the de	ote and hour	ond from
		causes st	ned obove	, (I) (we)	(did) (did nat) view the	e body after d	eath.	/				1/11
П	22b. SIGNATURE 22c. DATE SIGNED?											
н		IKO	WWW	vel!	1/2001	DEGRE	ATTENDING PHYS.	MED.	OR STAF		2/29/6	8
1	2	2d. PHYSICIAN'S	/		7111	1	22e. ADDRES			111111	1 11	
1		NAME (Type)	Raymo	ond P.	Srsic, M.	D.	48	Balto-A	nnap. B	lvd., S	everna	Park
=		LIDIAL CDEMATION				F CEMETERY OR C			d. LOCATION (City		(County)	(Stote)
12	30. I	REMOVAL (Specify)	'		1						. "	
-			Mai	1,10	168 Glen	Haven M	en. Pa	rk :	Teu Br	rnie, M	Marylan	u
2	4. FI	INERAL DIRECTOR	inala	t-0.5	ADDRES	Mary	25	o. REC'D BY REC	5 1968	b. REGISTRAR'S	SIGNATURE YAL	400.
		K. V. 5	Tudis.	LUN (TIEL OUTUIE	, Mara	Lanu n	ATE WAR	ססטו פ	* Core	with And	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02016 02644 CERTIFICATE OF DEATH 1. DECEASED-NAME 2o. DATE OF DEATH Middle 2b. HOUR 24 hours after death (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthday) MONTHS DAYS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [burial, crematian, or remaval, and in any event, within 10. CITY OR TOWN DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within INDUSTRY attending physician and confirmermit. Then please remaye carban HOME-13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no pryuknown) # 138. '(If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ancin un a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔛 ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from factory of the deceased of the deceased from the deceased of the deceased from the deceased of the deceased from the deceas TO FUNERAL DIRECTOR: After couses stated obave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 168 PHYS. PHYS 22d. PHYSICIAN'S 22e_ADDRESS NAME (Type) BURIAL, CREMATION 23b. DA LOCATION (City or Town) (County) (Stote) 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1768



VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01070	CERTIFICATI	L OI DIAIII	02065
1. PLACE OF DEATH a. COUNTY ANNE ARUNGES	MARYLAND	2. USUAL RESIDENCE (Where decessed lived, I e. STATE Maryland An	INTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wri	ite RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	1 1.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME OF First	, Cecil Are.	105 Hammonds Lane	YES NO
DECEASED MINNIE	Elizabeth H	Last 4. DATE Mon	Dey 1968
5. SEX 6. COLOR OR RACE 7. MARRI WIDOW		DATE OF BIRTH 9. AGE (In year last birthday) 8/ yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country Baltimore, Maryland	U. S. A.
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME	
?	Rau	?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (If yes give were redetes of service)		Raymond J. Howard 105	Hammonds Lane 2122
18. CAUSE OF DEATH Enter only one causa per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	line for (e), (b), and (c).]	ulan failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which (b)	inte Pen	luonay eden	a days.
(a), steting the underlying DUE TO (c)	lu like ?	mulane	Day,
PART II. OTHER SIGNIFICANT CONDITIONS COL	ATRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING 1 20b. DE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part t or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour e.m. While p.m. 19	eNot While factor	E OF INJURY (Home, farm, 20f. (City or town) y, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive on		1 1 1	and on the date stated above.
220. SIGNATURE	e S M.D	ATTENDING MED. STAFF PHYS.	22b. DATE 2/1/68
22c. PHYSICIAN'S NAME (Type) MAX	CANK MD	925 JE Ripliet	tuy- Cley Burie ago
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Birial 2/5/68	Mt. Carmel Co		
24 FUNERAL DIRECTOR'S SIGNATURE MCCULLY Funeral Home 23	ADDRESS Patapaco Ave.	21.225 250. REC'D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
		1	

Con a con at 105 incomes inn rio (s) F

Tr. Isrand J. Lowerd 105 harmonds lane 205

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02011		CEI	RTIFICATE	OF DEATH			020	06	
	CEASED-NAME ype or print)	First	Middle	Los	t	2a. DATE OF DEATI	H Nonth Da	Year /	2b. HOUR	
		Alfred	T.	Ingl			2 /	8 68	3 2:2691	
3. SE	× M	4. RACE	W		OF BIRTH 2-16-18	69 6. 4	GE (In years bianday) YRS.	MONTHS OAYS	HOURS MIN.	
coun	ENGLAN	DL	1.5. A. V	MARRIED NEV	DIVORCED	WILE	-PRUN	DEL	Me	
34	ITY OR TOWN OF DEA	TH S	NAME OF HOSPITAL OR INSTITUTION OF STREET OR HOSPITAL OR INSTITUTION OF STREET OF THE	Sivy H		OCCUPATION (Kind of workinglife, e DBUILD	ven if retired.)	12b. KIND OF INDUSTRY	F BUSINESS OR	
	USUAL RESIDENCE (WI ssion) STATE	pere deceased lived, if i 13b. COU	nstitution: Residence befare 13	FARES	YES NO	STREET A	ND NUMBER	FORE	5	
4. F	ATHER'S NAME F	oria B	INHAM	1S. MOTH	R'S MAIDEN NAME First	UR	Middle		Last	
		IN U.S. ARMED FORCES? (If yes give war or dates of sen	16b. SOCIAL SECURITY NO.	IN INFORMA	1. 1	sing Hoi	Address .			
			per line for (a), (b), and (c).)						ONSET AND DEATH	
	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arterissile	nto Co	rdio unsul	- area	4	The	~1	
	4120		OR AS A CONSEQUENCE OF							
В	Canditians, if any, w	hich gove)								
	rise to immediate o		, OR AS A CONSEQUENCE OF							
	stating the underly	ing couse) on the consequence of							
	PART 2 OTHER SIGN	IEICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT R	ELATED TO THE TI	DWINAL DISEASE OF CON	IDITION CIVEN IN P	APT 1(a)			
	TAKT Z. OTTICK STOR		rioly hephro		KMINAL DISEASE OR CON	IDITION STAFF	AKI 1(0)			
CERTIFICATION	190. DATE OF OPERATI		OR WHICH OPERATION WAS PERFO	RMED 200	. AUTOPSY?	20b. IF YES, V		CONSIDERED IN C	ERTIFYING	
CERT	21a. ACCIDENT WAS	UNDERLYING 216. T	IME OF INJURY		RY OCCURRED (Enter n	ature of injury in F	art 1 or Port 2.	Item 18.)		
MEDICAL	OR CONTRIBUTING		D. M.	100						
-	11d. INJURY OCCURR While Nat while at wark of wark	ED 21e. PLACE OF IN	P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.) 21f. LOCATION	Street or R.F.D. No.	City or To	wn	County	Stote	
			attended the deceased	rom /	1 1966	. to '2-	19	6 that	t (I) (we) los	
	22a. I certify that (I) (this haspital) attended the deceased from									
ì	22b. SIGNATURE	Brein			TENDING MED	CTOR STAI	FF D	DATE SIGNED	2	
	22d. PHYSICIAN'S NAME (Type)	BREI	ن	22	e ADDRESS CATHEDRI	AL St.	ANN	Apohi:	s, MD.	
230. B	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-21-	23c. NAME OF CEM CHESTER	ETERY OR CREMATE	CENT (23d, LOCATION (Cit	y ar Town	EL.	(State)	
34	FUNERAL DIRECTOR	Pertor to	es anno de	·, md	e 2Sa. REC'D 8Y I	4000	Sb. REGISTRAR	S SIGNATURE	1 (

VR A15 (4) 30M REV. 1/68

FOR STATE HEALTH' DEPT.

2, and 3 ta-PM3. Page ny delay is

O DEPUTY CICAL EXAMINER: This certificate snauta we executed to them 18. Give Pages, I necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages, I necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages, I necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages, I necessary, please execute the certificate writing the ward "pencil in Item. 18. Give Pages, I necessary, please execute the certificate ward with the certificate ward in Item. 18. Give Pages, I necessary, please execute the certificate ward in Item. 18. Give Pages, I necessary, please execute the certificate ward in Item. 18. Give Pages, I necessary, please execute the certificate ward in Item. 18. Give Pages, I necessary, please execute the certificate ward in Item. 18. Give Pages, I necessary, please in Ite 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 02019 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	0	13	0	24W	
6.9	1	26	3.5	1	
1	dist	3.0	100	7	

		oy Yeor 2b. HOUR
	Type or Print) Stocie M. Meck DEATH MATED 2.	5- 1868 PM
3. 9	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
	M W OJ 30 1923 Tyrks OAYS HOURS MIN. Month 2 Day 5	Yeor 1968 P M
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	
COU	Virginia U.S.A. WIDOWED DIVORCED	Md
10.	CHTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR
	ASAden A. give street oddress) Bex 3444 - Dos wood Rd. during most of working life, even if retired.) IN	Beth-STeeL
130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	DEIN - OTEEN
	odmission) STATE MD 13b. COUNTY PACO. Milhers willed YES NO I Play work	1 Box 344
14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
	ARley Tack LURA	Winner
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Some os
1	Ves, no, or unknown) (If yes give war products of service) 229-20-2387 MRS Dorothy Mach (Wife)	# 13
	18. CAUSE OF DEATH (Enter only one couse per line for (d), (s), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lew Clap would skell	001
	955 X DUE TO, OR AS A CONSEQUENCE OF	hu.
	Conditions, if ony, which gove	d
	rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
z	976 X	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
HE I	WAS PERFORMED?	YES NO NO
	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED Enter nature of injury to Port 1 or Port, I telep	1B)
MEDICAL	PRIMARY FOR CONTRIBUTING HOUR AM 2/5 1968 See Steel Reflected Clear Had	holderell.
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
	WHILE NOT WHILE foctory, office building, etc.)	/
	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my opinion
10	death resulted fram: Natural sauses , Accident , Suicide , Hamicide , Undetermined manner	1
	CHIEF MEDICAL EXAMINER	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	SIGNATURE	GNED / C
Ш	EXAMINER'S DEPUTY MEDICAL EXAMINER 2/	5/68
16	NAME (Type) L. LIN 139-CH. ADDRESS(Street, city, town, or county)	ABCO
230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (Stote)
	BURIAL 2-8-68 Wimer CeneTery Blue aRass	Va.
24.	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256	MATURE CONTRACTOR
	Sine Later Fune Chen Busine MOATE FEB 7 1968 Julian	
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VR A15ME (5) 10M REV. 1/68

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02008

				EKIITICA	HE OF DE	AIN			UND	43.44
1. DECEASED-NAM (Type or print)			Middle		Lost	20.	DATE OF DEATH	th Day	C a Voor	2b. HOUR P
(Type or print)	Mare	aretta	F		cobus		Feb. Mon	24 00		9:10 m
SEX		4. RACE		1	. DATE OF BIRTH	.000	6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS.
	F	Cau			Oct. 9 1			thday 70 YRS.		
nuntry)	State or foreign	7b. CITIZEN OF WHAT			NEVER MARRIED		INTY OF DEATH			
	w York	U.S.A.		WIDOWED			nne Arun		Tial lente of	Md.
o. city or tow Glen B	urnie	give stro Nor	E OF HOSPITAL OR INS eet oddress) th Arunde	l H _{ospi}	tal		JPATION (Kind of working life, ever ife		12b. KIND OF INDUSTRY	BOZINE22 OK
3o. USUAL RESID admission) STAT		lived, if institution 13b. COUNTY	: Residence before	Mounto		SIDE CITY LIMITS?	13e. STREET AND 22 St.		Place	
14. FATHER'S NAM	NE First Hugh	Middle Grant	Lost Fraser	15.	MOTHER'S MAIDEN	NAME First		Middle	T ₁	lost Velsh
160. WAS DECEAS	SED EVER IN U.S. AR/	MED FORCES?	6b. SOCIAL SECURITY N	IO. 17. INF	ORMANT			Address		
Yes, no, or unl	(If yes give v	var or dates of service)	150-36-11	19 Ged	rge Caw	ley 19	Clover C	ourt 0	Cedar Gr	ove N.J
PART 143 Conditions, rise to imn	DEATH WAS CAUSE	DUE TO, OR AS	Coseb-wa	1/1.	ston.	at acc	iden	+		MATE INTERVAL INSET AND DEATH LEGICLES
PART 2. OT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
190. DATE OF	OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	RFORMED	20o. AUTOPSY?	NO 🗌	20b. IF YES, WER CAUSES OF DEAT		ONSIDERED IN CE	ERTIFYING
₹ □ OR CONTRI	ENT WAS UNDERLYING CAUSE OF DEAD otify medical exami	HOUR A.M.	NJURY Month Doy Yeor 19		/ INJURY OCCURRE	D (Enter noture	e of injury in Port	1 or Port 2,	Item 18.)	
While of work	ot work	PLACE OF INJURY (City or Town		County	Stote
saw	22a. I certify that (1) (this haspital) attended the deceased fram, 19, ta, 19, that (1) (we) last saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death.									
22b. SIGNAT	22b. SIGNATURE O. D. Kan, Wagegree ATTENDING MED. STAFF 22c. DATE SIGNED 2/24/1968									
22d. PHYSIO NAME		p Dori	kan, A	10	22e. ADDRESS	tospita	e do un	, Gle	Buru	ie, kid,
23o. BURIAL, CRE REMOVAL (S	MATION, 23b. Fe		23c. NAME OF C	CEMETERY OR CI			LOCATION (City of Bloomfie	7 7	(County) Ne	(Stote) w Jerey
24. FUNERAL DIR	4 Ticken	ers Sons	- North	Pa ffre		FEB 29	STRAR 25b.	PEGITRAR'S	SCHATURES	of so

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fordirector, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after. VR A15 (4) 30M REV. 1/68

the fene at

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

and 2

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02669

	ECEASED-NAME Type or print)	First	GIE	JWOOD TA	MES	Lost		2a. DATE OI	Month	Day Year	2b. HOUR
3. SE			4. RACE	11002	91130	5. DATE OF	RIPTH	Febru	6. AGE (In years	1968 IF UNGER 1 YE	1 : 50 A
	Male			Negro			27-1900)	last birthday)	RS. MONTHS DA	AYS HOURS MIN.
7p. l	BIRTHPLACE (State or fo	oreign 7	b. CITIZEN OF WH		8. MADDIE	NEVER MA		9. COUNTY OF		K3.	
cour	aryland		U.S.A.		WIDOWE		ORCED	Anne	Arundel		Me
	ITY OR TOWN OF DEAT	Н	11. NA	ME DF HDSPITAL DR INS	TITUTION (If	not in hospitol			(Kind of work do		DF BUSINESS DR
A	mapolis		932	Pleasent	Stree	et	during	nost of working	retired	d.S. INDUSTR	al Acad.
13a. odm	USUAL RESIDENCE (Whission) STATE	ere deceosed	lived, if instituti	on: Residence before	13c. CITY (13d. INSIDE CITY YES		TREET AND NUMBER 2 Pleaser		t.
14. 1	-	rst	Middle	Lost	18 343764		MAIDEN NAME		Middle		Lost
	William T							edonia 1			6031
160.	WAS DECEASED EVER I	N U.S. ARMEI	FORCES?	16b. SOCIAL SECURITY I	NO. 17	. INFORMANT			Addres	s	
,	(es, no unknown)	(If yes give wor	dates of service)	212-16-0	339 E	mma R.	James-	-32 Plea	asent St.	Annapo	lis. Md.
	18. CAUSE OF DEATH	(Enter only	one couse per lin	e for (a), (b), and (c).)						ROXIMATE INTERVAL EN DNSET AND DEATH
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:										mulle
-	1491 X IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which gove) Branchele topic									3 clas	
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										/
	lost. 526 X (c) Chron Bronchetes 20 ylan									Loylan	
_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	19a. DATE OF OPERATIO	N 196. CC	NDITION FOR WHI	CH OPERATION WAS PE	707	20a. AU1			F YES, WERE FINDIN	GS CONSIDERED I	N CERTIFYING
TIFIC	YES NO CAUSES OF DEATH?										
MEDICAL CER	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor P.M. 19										
MEI	21d. INJURY OCCURRED Not while Not while Street of R.F.D. No. City or Town County Stote of the Not work of work of work Not work										
	22a. I certify that (I) (this haspital) attended the deceased from										
	22b. SIGNATURE Keiber & Welder & Look DEGREE PHYS. MED. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR 2/2/68									68	
	22d. PHYSICIAN'S NAME (Type)	Richa	rd E. C	sek		22e. AC 20		St. Anna	apolis, l	Id.	
230.	BURIAL, CREMATION,	23b. DA		23c. NAME OF		R CREMATORY		23d. LOCATI	ON (City or Town)	(Caunty)	(Stote)
	EMOVE (Specify)	Feb	5-68	Pine 1	Lawn					one Arun	del Md.
24.	FUNERAL DIRECTOR	222		ADDRESS			2So. REC'D.	BY REGISTRAR	968Sb. REGISTR	AR'S SIGNATURE	udal.
	C.E.Hieks	111 7	+3-45 No	rthwest A	anapo.	lis, Me	DATE		100		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplately filled in by the fundal director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02022

CERTIFICATE OF DEATH

02010

/	_				2	UNUIU	
		PLACE OF DEATH D. COUNTY	é MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived, if institution b. COUNT		on)
		D. CUY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits write RUR#	L and give negrest tawn)	
	1	write RURAL and give neorest town	0	14MMG	DAUS	,	
		NAME OF HOSPITAL OR INSTITUTION (If not in h	pspital, give street oddress)	d. STREET ADDRESS	The same of the	lla and DN A F	
1	2	NAME OF A STATE OF ST	Jevie un	DONGEVV.	(100) octo	ON OFFICE LI	NO X
2		Type or print for house	Galy Alt	MOTH	DATE Month OF DEATH	27 196	58
1	5.)	11 110 1011	A	DATE OF BIRTH		Manths Days Hours	24 HRS.
	11	111 00 1171	DOWED DIVORCED C	1-17-1846	Yrs.		771111.
	duri	USUAL OCCUPATION (Give kind of work dane perost of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	a, ar foreign country)	COUNTRY A	
	13	FATHER'S NAME -	huson	14. MOTHER'S MAIDEN NAME	Johns	1001	
		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 617. IN	VEORMANT	Address	1	11 1
	(Ye	(If Assaive war of dates af service)	214.0523982	Mung	olluson.	(enmas III	d
		¹ B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)	. 00		INTERVAL BET	
4		14/09 IMMEDIATE CAUSE (a)	Cocordory	Juromi	ipono	1 17001	2
		Canditians, if any, which gave) (b)	ortoriosole	ralie do	art Mus	ena unkon	4/2.
		rise to immediate cause (a), stating the underlying cause			ey are		
		lost. (c)					
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTO PERFORMI YES	OPSY ED? NO
	TEIC	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I	or Part II af item 1B.)		
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City or tawn)	(County) (Stote)
		21. I certify that (I) (this hospital)	ottended the deceased from			, 19, that (I) (v	ve) last
		saw the deceased alive an		death accurred at//40	M, fram causes ar	nd on the date stated	abave.
		220 SOMETHING SE	Delle M.D.	ATTENDING MED. PHYS. DIREC	TOR STAFF	22b. DATE SIGNED	8
		ZZC. PHYSICIAN'S NAME (Type)		22d. ADDRESS		Ja of a	
	23a.	BURIAL, CRÉMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR CI	REMATORY, 00 2	8d. NOCATION (City or Town	(County) (S)	biol
	Y	FUNERAL DIRECTOR	ADDRESS	VALLE (CUVUCG	JULIU III	1
3	a	1 Weam Reed	0 # (/1/1/NO)	MA DATE B 2	8 1968 250	DIXAK S GNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages and Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hobrs effer death VR A15 (4) 25M 1/67

WIDEG And the same of th

and requires that the death certificate be executed with and campletely remove buriol-transit signed the has been priar to SD O FUNERAL DIRECTOR: After this certificate

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02023 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Johnson Richard 4 RACE 3. SEX S DATE OF BIRTH 6. AGE (In years lost birthdoy) MONTHS 5-5-1895 White Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country Maryland Anne Arundel USA William DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street podress undel during most of working life, even if retired.) INDUSTRY. Police Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME Last Johnson 160. WAS DECEASED EVER IN ILS. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for)(a), (b), and (c) PART I. DEATH WAS CAUSED BY Canditians, if any, which gove ? rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES 🗍 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 22a. I **certify** that (I) (this haspital) attended the deceased fram 2 - 14 saw the deceased alive an 2 - 14 - 19 , and that in (m _, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATIO 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION (County) Baltimory National Ceneter 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR Tevens Funeral ADDRESSING, INC.

Ocharles

VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

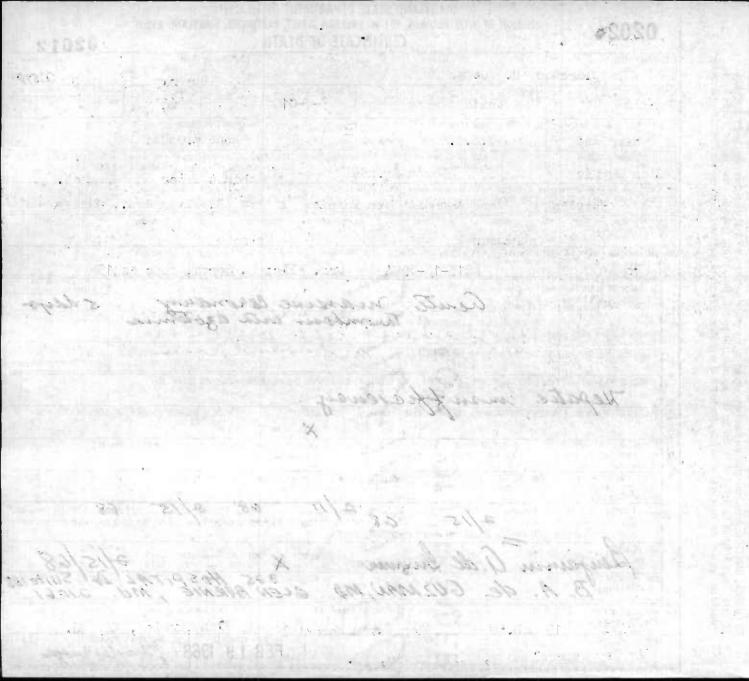
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CEASED-NAME First YPE or print) Clarence	е Н. Ј	Middle ones		Last		2a. DATI			Yeor	25. HOUR 2:57PM
x Male	4. RACE Whi	te					6. AGE (I	years (day) YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
Maryland	U.	S.A.	WIDOWED [DIVO	RCED 🗀	Ann	e Arun			Md
					duning m	ost of work	ing life, even	if retired.)	INDUSTRY	
USUAL RESIDENCE (Where deceasesion) STATE Maryland	ed lived, if instituti 13b. COUNTY Ann	on: Residence before e Arundal			13d. INSIDE CITY I	MITS? 13e	STREET AND	NUMBER		
	Middle	Last	15.	MOTHER'S M				Middle		Lost
	MED FORCES?	16b. SOCIAL SECURITY I					mes. sa	Address	13	
rise ta immediate cause (a), (stating the underlying couse last. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR A (c) DITIONS CONTRIBUTE OF THE CONTR	S A CONSEQUENCE OF	ot related to	THE TERMINA 20 AUTO	AL DISEASE OR	201 CA	o. IF YES, WERE	FINDINGS CO	DNSIDERED IN CE	ERTIFYING
OR CONTRIBUTING CAUSE OF OFAT (If either, natify medical examination of the control of the contr	HOUR A.M. P.M. PLACE OF INJURY is haspital) attelive an	Manth Doy Year AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC Indeed the decease	otory.) 21f. E0	CATION Stre	CURRED (Enter	r nature of	City or Town	or Port 2, 1	County	Stote (I) (we) last and fram the
causes stated abave 22b. SIGNAVUME	in G.	1 /		ATTENDI	4	MED. DIRECTOR	STAFF PHYS.		DATE SIGNED	68
causes stated above	in a.	1 /	MAN, A	ATTENDI PHYS. 22e. ADD	A	SAIR		TAL Ma	15/6	68 Suite 101 (State)
	Type or print) Clarence X Male BIRTHPLACE (Stote or foreign ITY) Maryland ITY OR TOWN OF DEATH Glen Burnie USUAL RESIDENCE (Where deceases ission) STATE WAS DECEASED EVER IN U.S. ARA (es, na_or unknown) IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise ta immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. 21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAT (If either, natify medicol examin 21d. INJURY OCCURRED While at work of wark 22a. I certify that (I) (the	A RACE Male SIRTHPLACE (Stote or foreign Arry) Maryland SITY OR TOWN OF DEATH Glen Burnie USUAL RESIDENCE (Where deceased lived, if instituting ission) STATE Maryland STATE Maryland While WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of service) IB. CAUSE OF DEATH (Enter only one cause per line) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stoting the underlying couse last. DUE TO, OR A Conditions, if any, which gove rise ta immediate cause (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 19a. DATE OF OPERATION 19b. CONDITION FOR WHI 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF GEATH (If either, natify medicol examiner) 21d. INJURY OCCURRED While Not while While Not while To the was condition of the page	A RACE Male White BIRTHPLACE (Stote or foreign Arry) Maryland U.S.A. ITY OR TOWN OF DEATH Glen Burnie USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Maryland WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na ger unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? (fl yes give war or dotes of service) DUE TO, OR AS A CONSEQUENCE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF itset a immediate cause (a), storting the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF itset a immediate cause (a), storting the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT the per properties of the control of the contr	A RACE White	A RACE A	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. TOPO	S. DATE OF BIRTH 3-7-0	A RACE A	S. DATE OF BIRTH Day	Carroce H. Jones Carroce H.

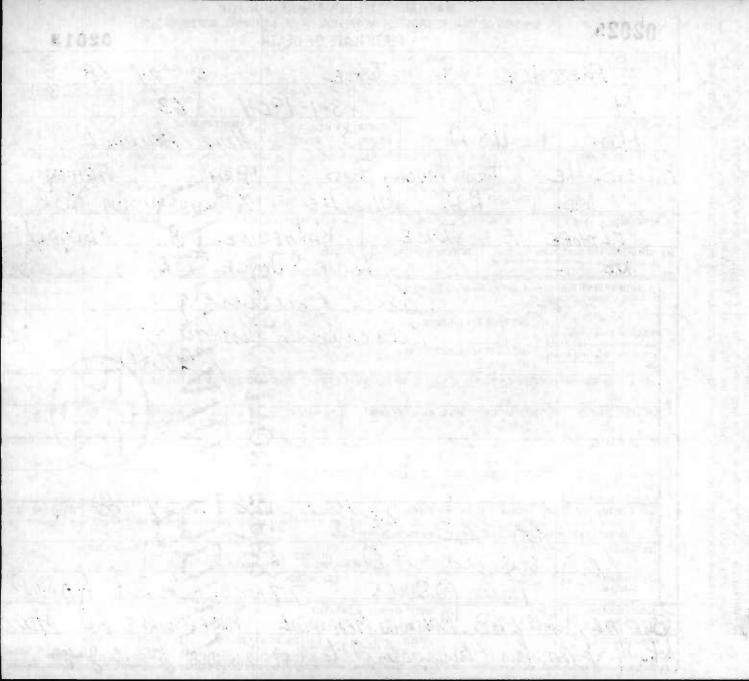
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after deata

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02025 CERTIFICATE OF DEATH 02013 DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death (Type or print) FLETCHER Manth & //Doy unera 4. RACE AGE (In years IF LINDER 24 HRS 3. SEX IF UNDER 1 YEAR HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED = (auntry) WIDOWED DIVORCED [Filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (15 nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR LOP HING ive street oddreks) during most of warking life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 99 ond in any 14. FATHER'S NAME Middle Lost and pleose 6b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, na, arunknown) (If yes give war or dates of service) buriol, cremotion, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF the Conditions, if any, which gove) signed by the buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE be retained by the hospital or ottending physicion. stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [State Dept. of Health O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from I have 1968 and that in (my) (our) opinian deoth occurred an the date and hour ond from the saw the deceased alive on. be filed with the causes stated obove (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSICIAN 22e. ADDRESS Poge 4 moy NAME (Type) director, should b 23b. DATE 23o_BURIAL, CREMATION 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



VR A15 (4) 30M REV, 1/68

02026

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIFI	CATE OF	DEATH			- 6	0201	4	
	CEASED-NAME	First		Middle		Last		2a. DATE OF		D.	٧	2b. I	HOUR
(1	ype or print)	Nicho.	las	E.	Kara	stamat	is	Feb	ruary	lly,	1968		M
3. SE			4. RACE			S. DATE OF B			6. AGE (In year last birthday		IF UNDER 1 YEAR	IF UNDER	24 HRS.
	Male		Whi			2	-1-96		16	YRS.			
70. E	BIRTHPLACE (State	or foreign	7b. CITIZEN OF WH	AT COUNTRY?		NEVER MAI	KIED	9. COUNTY OF	DEATH				
	Turk		U.S.	Α.	WIDOWED		RCED 😓		e Aru				Md.
	ity or town of everna		give s	IME OF HOSPITAL OR IN treet address) Lf – way E	istitution (if Iouse		during mo	L OCCUPATION st of working l	(Kind at wark life, even if ret	dane tired.)	12b. KIND OF INDUSTRY		OR
		(Where deceos	ed lived, if instituti	on: Residence befare	13c. CITY O	R TOWN	13d. INSIDE CITY LIM	AITS? 13e. STR	EET AND NUM	BER			
oami	ssion) STATE	and	13b. COUNTY Arme	Arundel	Sey	rna	YES NO	X Hal	f-way	Hou	se, R	t.	2
14. F	ATHER'S NAME	First	Middle	Last		IS. MOTHER'S M	AIDEN NAME Fir			ddle		Lost	
	Emman	uel	Ka	rastamat	cis	Chrys	oula G	Hijigi	rik				
	WAS DECEASED I		MED FORCES? var or dates of service)	16b. SOCIAL SECURITY		INFORMANT ames K	arasta			lress			
H	No			e far (a), (b), ond (c)		/850 H	ruton	Drive	, Glo	n Bu	APPROXI	WATE INTER	VAL
	rise to immedi stoting the uni last.	ny, which gave ate cause (a), derlying couse	(b) DUE TO, OR A (c)	S A CONSEQUENCE OF	cler	otic TO THE TERMINA	hear	et al	I IN PART 1(0)	se			
7	4241												
CERTIFICATION	19a. DATE OF OP	RATION 19b.	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTO			YES, WERE FINI OF DEATH?	DINGS CON	SIDERED IN CI	RTIFYING)
CER	21a. ACCIDENT					HOW INJURY OC	CURRED (Enter	nature of injur	y in Part 1 or	Port 2, Ite	m 18.)		
MEDICAL		G □ CAUSE OF DEAT medical examin		Month Doy Year	9								
ME	21d. INJURY OC While Not	CURRED 21e.		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. Na.	City	ar Town		County	S	itate
	saw the	e deceased a	live an -	ended the decease (did not) view the	body after	nd that in (m	NG ME	o, ta nian death a	STAFF PHYS.		that and hour	(I) (wand from	e) last im the
-	22d. PHYSICIAN NAME (Typ	S EDMOI	VO I. M	OUSHAZ	PEK	11113.	DRESS 510 LEN			TAT	7d. 2	10	GAD 6(
230.	BURIAL, CREMAT REMOVAL (Speci		DATE	23c. NAME OF			10m		N (City or Tow		(Caunty)	(State)
	FUNERAL DIRECTO		-14-68 jatthews	ADDRES:		rn Ave	2So. REC'D BY	Y REGISTRAR	2Sb. REGI	STRAR'S S		ad gr	4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-heers after death. after death. nours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02027
CERTIFICATE OF DEATH

	1.	PLACE OF DEATH a. GOUNTY Chime Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Marchard b. COUNTY (More admission)						
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (It patside corporate limits, write RURAL end give nearest town) Pasadená						
	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE						
		D. O. A. North Arundel General Hospital	I ON A FARM?						
2	3.	NAME OF DECEASED (Type or print) Evelyn S.	Kellum, DATE Month Day Year OF DEATH February 17 1968						
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	8. DATE OF BIRTY 9. AGE (In years IF NOER 1 YEAR IF UNDER 24 HRS. Hours Min. Yrs.						
	duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Housewife	Maryband 12. CITIZEN OF WHAT COUNTRY? U. S. A.						
	13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME						
		August Kletter	Eva Slert						
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (Ifyes give war or dates of service)	INFORMANT Address						
	(10.	No Mr.	. Charles M. Kellum 60 Johnson Road 21122						
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
		IMMEDIATE CAUSE (a) Multe myotars	disfragaretion / hour						
		Conditions, If any, which DUE TO arteresclerotic Cardiovascular disease fmails							
		gave rise to immediate							
		cause (a), stating the underlying cause last.							
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?						
-	ICAI	4201 nme	YES NO						
ı	CERTIFICATION	208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	EDICAL	fanta	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	MED	Hour a.m. While Not While p.m. 19 at work at work	ny, street, united blug, etc.)						
		21. I certify that (I) (this hospital) attended the deceased from	9/20, 1956, to 2/17, 1968, that (1) (we) last						
i i			t death occurred atM, from the causes and on the date stated above.						
H		228. SIGNATURE	ATTENDING MED. STAFF 2/102						
		22c. PHYSICIAN'S M.D	D. PHYS. DIRECTOR PHYS.						
		NAME (Type) K.M.Me Laughlin in.	3708 Mountam Rd. Paraling, Mel.						
	23a.	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 2/21/68 Meadowridge	YOR CREMATORY 23d. LOCATION (City, town or county) Memorial Park Howard Co. Md.						
1	24.	FUNERAL DIRECTOR AODRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1		M Cully (- A . 237 Patpasco Ave.	21225 PATED 2 1 1968 CLICATOR :						

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-(0xi)		02028				ATE OF					0261	6	
======		ECEASED-NAME First (ype or print)		Middle		Last		2a. DATE OF		Day	Vans	2b. HOUR	
fer deat	,	Kat	herine Ke	rruish				Feb	Month	10'	3 968	1:20/	
重な重	3. SE	X	4. RACE			S. DATE OF BI			6. AGE (In ye last birthday	ors M	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female	Cau			14 Apr		_ YRS. 1			10		
4 haur d in by sers. P 72 hou	COLU		USA.	OUNTRY?	8. MARRIED WIDOWED	NEVER MAR		nne A				٨	
vithin 2 sly filled oan pap within		Geo G. Meade, N		thospital or ins dugh Arn			de Ogvins	OCCUPATION of warking	(Kind af wark life, even if re	dane tired.)	12b. KIND OF I	BUSINESS OR	
implete ve carb event,	13a. adm	USUAL RESIDENCE (Where deceosed issian) STATE Maryland	lived, if institution: R 13b. COUNTY	esidence before	13c. CITY OR Laure.				REET AND NUM 018 Old		ge Con	ch Rd.	
requires that the death certificate be executed within 24 haurs affer deat physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and a burial, crematian, ar remaval, and in any event, within 72 hours after deat	1	FATHER'S NAME First enneth Kerruish	Middle	Last	15	. MOTHER'S MA	AIDEN NAME FIR		nyder Mi	iddle		Last	
physician and en please remanden please remayad, and in an	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b.	SOCIAL SECURITY N		NFORMANT	Kerrui	sh(F)		dress # 1	3c & e		
ne death certific attending phys permit. Then p ian, ar remaval,		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE	ane cause per line for	(a), (b), and (c).)	inti/1/	ronchi	olitis	& in	tersti	tial	BETWEEN OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3-4 days	
the death ne attendi it permit. atian, ar ra		Conditions, if ony, which gove)	DUE TO, OR AS A C		/				eumoni				
physician. physician. signed by the burial-transit burial, cremat		rise to immediate cause (o), stoting the underlying couse last.	DUE TO, OR AS A C							Tari			
require og physion n signed e burial a burial		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIVE	N IN PART 1(a)				
r attending e has been use as the	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OF	PERATION WAS PER	RFORMED	20o. AUTO			YES, WERE FIN	IDINGS CON	SIDERED IN CE	RTIFYING	
rSICIAN: 1 aspital ar certificate hed far us it. af Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer	21b. TIME OF INJU HOUR A.M. Ma			OW INJURY OC	CURRED (Enter	noture of inju	ry in Part 1 or	Port 2, Ite	em 18.)		
the haspiths certifications of the passion of the p	MEC	21d. INJURY OCCURRED 21e. Pt While Nat while at wark	ACE OF INILIRY (AT HO			OCATION Street	et or R.F.D. No.	City	or Town		County	Stote	
DING d by After d be s Stat		22a. I certify that (I) (this saw the deceased alive causes stated abave,	haspital) attende re an 10 Feb (I) (we)(did) (did)	d the decease	ed fram_ 968_, an bady after	9 Feb d that in (m death.	, 1 <u>∮8</u> iy) (<u>ww</u>) apin	, to_ <u>I</u> nian death	O Feb accurred an	, 19 the date	68 , that e and haur	(I) (wes lo and fram th	
OR ATTEN be retained DIRECTOR: ge 3 shauld led with the		22b. SIGNATURE	DP	arbin	model	ATTENDII PHYS.	NG ME	ED.	STAFF PHYS.	22c. DA	TE SIGNED Februa:		
SPITAL OR 4 may be IERAL DIR or, page 3 d be filed		22d. PHYSICIAN: ROBERT NAME (Type) ROBERT	L. CULLEN	, CPT, I			bress Brough				GMMD		
Foge 4 may to FUNERAL director, page shauld be fi		BURIAL, CREMATION, 23b. DA	11, 1968	23c. NAME OF Highl	and			South	ON (City or Tov Bend I	ndiar		(Stote)	
VR A15 (4) 30M REV. 1/68	24. F	FUNERAL DIRECTOR Howard	County arry Witzl	ADDRESS Ke Ellic	ott Ci	ty Md.	DATE BY	REGISTRAR	968 REG	ISTRAR'S S	IGNATURE		

And the will stood fit attack in which is shed in which

2 death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pages shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hoors affer

VR A15 (4) 30M REV. 1/68

02029

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

												-
	ASED-NAME e or print)	First	s.	Middle Middle	A MOM OF X	Last KETTI	EWELL	20. DATE OF	Manth_	9°y }	Year	2b. HOUR
3. SEX			4. RACE	***	CALLE VALLE	S. DATE OF E			6. AGE (In years	IF UNDER	E 1 YEAR	IF UNDER 24 HR
	Male		W	nite		8-28	3-13		last birthday)	(RS.	DAYS	HOURS MI
70. BIR	THPLACE (Stote or	foreign 7b	CITIZEN OF WHAT		8. MARRIED	NEVER MA	RRIED	9. COUNTY OF				
country	New Yo	rk	USA		WIDOWED		RCED [Anne	Arundel			
	or town of de		11. NAME give_stree	OF HOSPITAL OR INS	TITUTION (If na	t in haspital			(Kind of work do		KIND OF E	BUSINESS OR
				-		-			life, even if retire			1 #26
	ian) STATE	111000011111	lived, if institution: 13b. COUNTY Ann	e Arunde			YES NO		REET AND NUMBER 9 Old An			
14. FATI	HER'S NAME	First	Middle	Last			ALDEN NAME FI	rst	Middle			Last
	Cunkn	(מווח		Kettlewe	11		NE	ancv	Jane		State	enev
	AS DECEASED EVER		FORCES? 16b	. SOCIAL SECURITY N		FORMANT		,	Address	5		
A B	, na, or unknawn) 'SS	1931-		16-12-10	327 M	rs. N	ellie F	7et	tlewell(wife)		
18			ine cause per line fo	(a), (b), and (c)			. 1 -	. ///	7			NATE INTERVAL NȘET AND OFATH
	PART I. DEATH	WAS CAUSED B		tall	M	MACE	Much	1994	Min	6	Mh	July
0	4109		. ,	CONSEQUENCE OF		1,	, 1	1	0.		10	10
	onditions, if any,		(b) C	Aller	0000	250	1 Ate	ent.	Defland	_ //	min	My
	se to immediate		DUE TO, OR AS A	CONSEQUENCE OF								
	ist.	.)	(c)									
P	ART 2. OTHER SIG	NIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE ORC	ONDITION GIVE	N IN PART 1(a)			
Z L	4701		1	abelle	1 6	rel	lung					
CERTIFICATION 61	a. DATE OF OPERA	TION 19b. COM	IDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUT			YES, WERE FINDING	GS CONSIDER	ED IN CE	RTIFYING
E L						YES						
	o. ACCIDENT WA		HOUR A.M. N	URY lonth Dov Year	21c. HO	W INJURY O	CURRED (Enter	nature af inju	ry in Part 1 or Part	t 2, Item 18.)	1	
ă (III	f either, natify m	edical examiner)	P.M.	19				V		3113		
Ň	Nhile Nat while wark at wark	le	ACE OF INJURY (AT I	IOME, FARM, STREET, FAC ICE BUILDING, ETC.	10RY.) 21f. LOC	ATION Stre	et or R.F.D. No.	City	or Town	Count	Y	State
22	20. I certify t	hat (I) (this	hospital) attend	ed the decease	d fram	2-10	1- 196	, ta_	7-22	100	, that	(1) (wa) 1
	saw the d	eceased olive	on	not) view the	9 65, and	thot in (n	ny) (aur) apir	nion death	occurred an the	dote ond	hour	and from t
22	2b. SIGNATURE	C	2	Thory view me t	ody and a	COIII.	1-			22c. DATE SIG	NED	10
	All	1am	165/	71	DEGRE	E PHYS.		ED.	STAFF PHYS.	2-2	2 -6	05
22	2d. PHYSICIAN'S	1		-		22e. AD	/	MECTON —	11113. —			
	NAME (Type)		-							12 42 3		
	URIAL, CREMATION	, 23b. DAT	E	23c. NAME OF C	EMETERY OR (REMATORY		23d. LOCATIO	N (City or Town)	(Coun	ty)	(State)
RI	EMOVAL (Specify)	Feh	26.196	8 Glen H	laven	Memar	ial Pk	Glen	Burnie.	Mary	/lar	id.
	INERAL DIRECTOR	EB	Flumi	ADDRESS			2Sa. REC'D B	PEGISTRAR 19	2Sb. REGISTR			an.
S	ingleto	n Fune:	ral Home	/Glen E	Burnie	, Md.	DATE	20 13	00	TUN	Sec. Contraction of the second	

TIDEO The May to their Heart on 18 months and college or legal when their Delection delection Will July 10 10 2-22-65

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02030 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH First 24 hours after death campletely filled in by the funeral nave carban papers. Pages 1 and (Type or print) 1968 Katherine Stark KOEHL February burial, cremation, or remaval, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [Anne Arundel 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of workedone 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within MOME 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, artin (nown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) this certificate has been signed by the detached far use as the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES [director, page 3 should be detached for use should be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while at wark of wark TO FUNERAL DIRECTOR: After 22a. I **certify** that (I) (this haspital) attended the deceased from 2 sow the deceased alive on 2/14/63 19____, and fi and that in (my) (our) opinian death occurred an the date and haur and fram the couses stoted obove, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED! DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S CHUNCH NAME (Type) 121 (ATTOM AR 23c. NAME OF GEMETERY OR CREMATORY BURIAL, CREMATION LOCATION (City or Town) (County)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02031 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
CERTIFICATE OF DEATH	02619
1. DECEASED-NAME (Type or print) Sichard Middle Lost 20. DATE OF DEATH Mighth	Doy Year 10 5 N
3. SEX Paste 4. RACE White 5. DATE OF BIRTH last birthdo	
70. BIRTHPLACE (State or foreign country) The CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 1	e arundel Md
10. (ITY OR TOWN OF DEATH) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if respectively) 12. USUAL OCCUPATION (Kind of working life, even if respectively)	
136. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY Set June	William Ex
14. FATHER'S NAME first Middle Last Lost 15. MOTHER'S MAIDEN NAME First M	iddle Can
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17/INFORMANT 2/7-03-0125 No. 17/INFORMANT Add Add Add Add Add Add Add	per 1726 12130 5
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caraman Occurrence Office of the control of the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH, Conclude has
Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF J. Conditions, if any, which gave)	Yenknown
rise to immediate cause (a), stating the underlying cause (b), OR AS A/CONSEQUENCE OF (c) Stating the underlying cause (c) Stating to underlying cause (c) Stating to underlying cause (c) Stating to underlying cause (d), or as a/consequence of the underlying cause (d), or all the underlying cause (d), or all the underlying cause (d), or a/consequence of the	in a Brokener
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part) or	IDINGS CONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	Port 2, Item 18.)
21d. INJURY OCCURRED While Nat while at work A two of the place of INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
22a. I certify that (I) (this haspital) attended the deceased fram (-/3, 19 (7, ta 2-8) saw the deceased alive an 19 (1), and that in (my) (our) apinian death occurred an causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, 19, that (I) (we) last the date and haur and fram the
22b. SIGNATURE - ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	22c. DATE SIGNED 68
22d. PHYSICIAN'S NAME (Type) Richard H. Hart 22e. ADDRESS Lerry Same Gle	nBarne, Mel
230 BURIAL (REMATION, PREMOVAL (Specify) FeB 12 1968 CEPAR HILL STATES 23d JOCATION (City or Township) FeB 12 1968 CEPAR HILL STATES 23d JOCATION (City or Township)	
24. EUNERAL DIRECTOR CURLIS E. EVAINS ADDRESS 1 30 2 to 4 250. REC'D BY PEGISTRAR 1968 REG	ISTRAR'S SIGNATURE

funeral 1 and 2 ter deoth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by M director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours. Poge 4 may be retained by the hospital or ottending physicion.

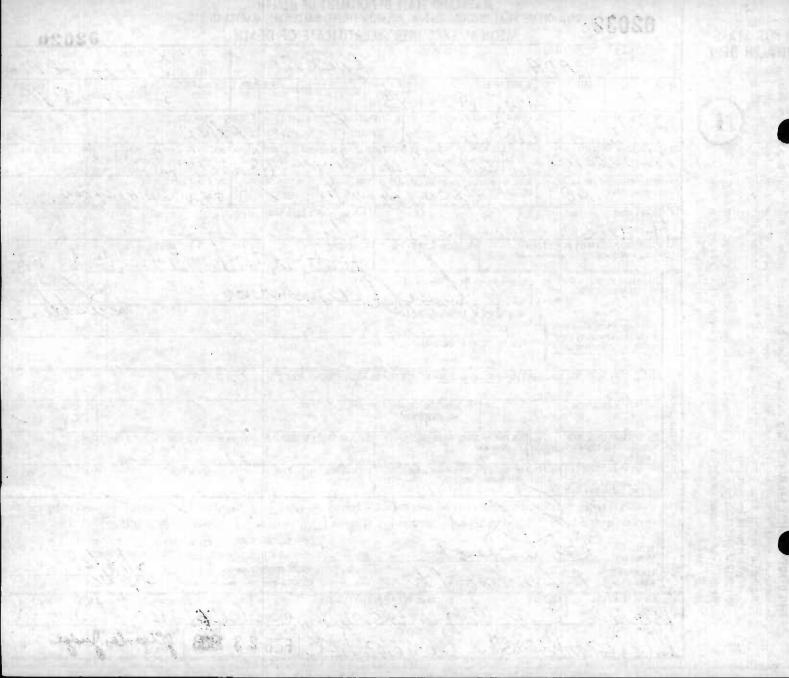
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VR A15 (4) 30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Year 2b. HOUR (Type or Print) ADA OF ESTI-Page to af DEATH MATED ent ny deloy 3 6. AGE (In years IF LINDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR 2, and PM3. HOURS _ Day 7a. BIRTHPLACE (State of foreign OF WHAT 9. COUNTY OF DEATH COUNTRY? MARRIED NEVER MARRIED Give Pages 1, Office along with farm country) WIDOWED [DIVORCED I after death HOSPITAL OP INSTITUTION (If nature hospital 10. CLTY-OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR HUNZPOIL during mast of working life even if retired.) **INDUSTRY** land 2 with the death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13s 13d INSIDE CITY HMYS odmission) STATE 13b. COUNTY 74 W. WASHINGTON. Item 18. YES NO hours after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Last First = farwarded to the Chief Medical Examiner's pages haurs within 160. WAS DECEASED EVER IN pencil 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH within be executed 18. CAUSE OF DEATH (Enter only one cause per permit. pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c event burial-transit Canditions, if any, which gave rise ta immediate cause (a). the word any This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. _ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing SO remaval, CERTIFICATION be used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES NO shauld be 70 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State Page factory, office building, etc.) NOT WHILE Page AT WORK burial far FUNERAL DIRECTOR: 22a. I certify that I took charge at the remains described above, held an Autopsy Inspection 10 Inquiry ond in my opinion retained death resulted free Natural Causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE pe necessary, DEPUTY MEDICAL EXAMINER may Health NAME (Type ADDRESS(Street, city, tawn, or county) 0 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REC'D BY REGISTRAR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

		HAILIPAH	DAIN	IL DELAN	CHAIRMAN	OI HEALIT		
DIVISION	OF VITAL	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
			CERTI	FICATE (F DEA	ATH		

				CERTIFI	CATE OF D	EATH			0202	1
	ECEASED-NAME	First	Middle		Lost		2a. DATE OF DEATH			2b. HOUR
1	Type or print)	Charles	L.		Larkin		Feb.	inth 19 Doy	1968	BA M
3. S	EX	4. RACE			S. DATE OF BIRTH	1	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		White		July	9.190	5 62	birthdoγ) > YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote o	r foreign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE		COUNTY OF DEATH			
COU	intry) Md.		U.S.A.	WIDOWED			Anne A	Arundl	е	Md
10.	CITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL OR I				OCCUPATION (Kind o		12b. KIND OF E	BUSINESS OR
0	rchard	Beach	give street address)	rview	Drive	Rea.	of working life, eve Listate	en it retired.)	self-	employ
13a.	. USUAL RESIDENCE (nissian) STATE	101 00	institution: Residence before	13c. CITY C		. INSIDE CITY LIMITS	? 13e. STREET AN			
dull	iissiuli) STATE	Md • 13b. CO	Anne Ar	. Orc	hard B	ES NO	7821	latery	iew Dr	ive
14.	FATHER'S NAME	First M	liddle Last		IS. MOTHER'S MAID	EN NAME First		Middle		Last
	Study or		F. Lark	in		Els	sie	N.	Pfei	fer
160	. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES' (If yes give war or dates of se	ervice)		INFORMANT			Address	313	
	no	none	215-22-	9639]	Jarrare	t Larl	782]	Jate	nyiow	Dr.
	1B. CAUSE OF DE	ATH (Enter anly one cous	e per line far (a), (b), and (c).)	00	11				NATE INTERVAL NSET AND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	59 ma	mou	= Cell	-, (6	vicino	nea	0/2	Vel 87961
	160,8	,	O, OR AS A CONSEQUENCE, C	El n.	1-8-	1, 9	15	^	19	
	Conditions, if ony,	which gave)	(b) O	10 K	jul of	mi	M Ja	ue		
	rise to immediat stating the under	lying couse DUE T	O, OR AS A CONSEQUENCE	F /					/	
	last. 160.7)	(c)							
	PART 2. OTHER SIG	GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL D	ISEASE OR CON	DITION GIVEN IN PAR	RT 1(a)	11	=11,4
N.	met	asluse	to right	lye	ball c	ucs	non a	dnis	ult	1 = 61.9
CERTIFICATION	19a. DATE OF OPERA	ATION 196. CONDITION I	FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY	(?	20b. IF YES, WI		ONSIDERED IN CE	RTIFYING
RIFI	A 11.11		0	0	YES	NO 🖃			1000	
			TIME OF INJURY R A.M. Month Day Yea		HOW INJURY OCCUR	RED (Enter no	iture of injury in Pai	rt 1 or Part 2, I	tem 18.)	
MEDICAL	(If either, notify m	nedical examiner)	P.M.	19						
2		RRED 21e. PLACE OF II	NJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY,) 21f.	LOCATION Street o	r R.F.D. No.	City or Town	1	County	State
	While Not what work at war	k U								
	22o. I certify	thot (I) (this haspita	al) ottended the deceo	sed from_	1.4	, 19	_, ta	, 19_	, that	(I) (we) last
	saw the	deceased alive on_	(did) (did not) view the	_19, ai	nd that in (my)	(our) opinio	ın death occurre	d on the da	te ond hour o	and from the
	22b. SIGNATURE	died-dipove, (i) (we)	(did) (did not) view in	e body direi	dediii.			22, [DATE SIGNED	
	220. SIGNATORE	So anc	Theles	Allore	REE PHYS.	MED.	CTOR STAFF		TAIL SIGNED	
	22d. PHYSICIAN'S	6 T	· · · · //	1 1/2	22e, ADDRES		TIOK — FHIS.		(+	
	NAME (Type)	DY	SAACIY	11/167	1221	50.	· Chai	4/05	>/	
230	. BURIAL, CREMATION	N, 23b. DATE	23c. NAME O	F CEMETERY O	R CREMATORY	1 2	3d. LOCATION (City	or Town)	(County)	(State)
	REMOVAL (Specify)	1 2/22/	68 Cedan				Ritchie		, ,,	3
	FUNERAL DIRECTOR		ADDRE	SS	25	a. REC'D BY R	EGISTRAR 2St	REGISTRAR'S		40 mg
W	RAUSE F	UNERAL HOL	E 1216 S.	charle	s St. D	ATE FEB	2 1 1988	Jelio	was fre	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the ottending physician and completely filled director, page 3 should be detached for use as the buriol-tronsit permit. Then pleose remove carbon page should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 7. Poge 4 moy be retained by the hospital or ottending physicion.

in by the funeral srs. Poges 1 and 2-

hours after death

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH

	02034	CERTIFICATI	E OF DEATH		02022
1.	PLACE OF DEATH a, COUNTY			deceased lived, If institution:	esidence before admission)
	Anne Arundel	MARYLAND	a. STATE	b. COUNTY	H.
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)
+	MINAROLIS			Lis	
,	d. NAME OF HOS NTAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	1 C+	e. IS RESIDENCE ON A FARM?
	GLOW DUIT ST.		116 CON DU	it 31.	YES ND X
3.	NAME DF First DECEASED	Middle	Last 4. DA	6)	Day Year
5	(Type or print) Elizabeth	California transport	Larkin DE	9. AGE (In years IF UNDER	1960
٠.	1 / MARKIED		10-122/1913		Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. k	IND OF BUSINESS, OR	I 11. BIRTHPLACE (County & S	tate, or oreign country) 12. Cl	TIZEN OF WHAT
dur	ng most of working life, even if retired)	NDUSTRY 15	N.V. Star	CO	DUNTRY
13.	FATHER'S NAME/	sewite	14. MOTHER'S MAIDEN NAM	E	7. 3.
	E+HEL M=90	1sion/	MABEL	DUNNING	
		SOCIAL SECURITY NO. 17.	INFORMANT	CHYZER	57.
(16	(If yes give war or dates of service)	Ric	HARD M=90NIA	AL POLHVER	N.Y.
1	18. CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c).]	1	s pas equal	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)) O A.			ONSET AND DEATH
	571.9 DUE TO 0	/	1		nti.
4	conditions, If any, which gave rise to immediate	Moris	of the ve	7	317
	cause (a), stating the	land-	france.	a da	3ty
Z	underlying cause last. 5 % (c)	UTING TO DEATH DUT NOT DE	TED YOUTH YED WINAI DIGEAS	CONDITION CIVEN IN DADT 1(a)	119. WAS AUTOPSY
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DISEBBLE	CONDITION GIVEN IN PART 1(a)	PERFORMED?
FE	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INTERV OCCU	RRED. (Enter nature of injury i	n Part I or Part II of Item 18.	YES NO L
CERT	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE NOW INSORT SOO	MILES (EINES HOURS OF HIJAR)		
		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20	f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While	Mot while	ry, street, office bldg., etc.)		
Σ	21. I certify that (I) (this hospital) attend		Jee 19 65	40 19	that (I) (we) last
	saw the deceased alive on		1 - 4	from the causes and on the	
	22a. STGNATURE	1011			ATE SIGNED
	for and // y	Hill M.D		R PHYS. 2	16068
	22c. PHYSICIAN'S NAME (Type) Transla N. Ch.:	-1/	22d. ADDRESS	Sathadwal Straa	4 Λ ο ο 1 ε
02-		pley (LOCATION (City, town or cou	
23a	BURIAL, CREMATION, 23b. DATE THEREOF	BL MYD N	MCH+ P	Luipo	N.Y
24	FONERAL DIRECTOR	ADDRESS	25a. REC'D BY R	EGISTRAR 25b. REGISTRAR	S SIGNATURE
A	they M. For YOU ARM	lungo oli	Md. DATE FEB 1	6 1968 Eccus	les Judges

AI5 (4) 20M

HNRIA POLIS ALUNAPOLIS 116 Consult St. 116 CONDUIT 12-123/1903 64 NY STATE HUSEWIFE Japinof H RicHARD MEgowight Fathyer W.Y. BURIAL 2-17-68 FALMYRA DENT PALMYRA TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ely—filted in by/the-funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carrian pagers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, writin 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

										and deliber	AL AMPLIA
		ECEASED-NAME Type or print)	First	200	Middle		Last	20. DAT	TE OF DEATH	Day Ma	2b. HOUR
	1.	Tpo or pinn)	Gun	nar		LE	IFSON	Fe	bruary 16	1988	7:15 N
	3. SE	Male		4. RACE Wh	ite	S.	DATE OF BIRTH	900	6. AGE (In years lost birthday)	MONTHS (YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	7o. I	BIRTHPLACE (Stote or 1	oreign	76. CITIZEN OF WHAT	COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNT	Y OF DEATH		
	1	10 Way		USF	7	WIDOWED [DIVORCED [ne Arunde		Md
-	10.0	THE TOWN OF DEA	1/15		OF HOSPITATION INSTI et address)	TUTION (If not in	haspital 12a.	most of wor	TION (Kind of work d king life, even if retir NO INCOL	ed.) 12b. KIN	ID OF BUSINESS OR RY BIHEEFING
	13a. adm	USUAL RESIDENCE (WI issian) STATE	e deceos	ed lived, if institution:	Residence before	13. STIY OR TO	VN 13d. INSIDE	NO 13	STREET AND NUMBER	0X 17	9
1	14.	FATHER'S NAME F	red	Middle	elfson	15. M	THER'S MAIDEN NAI	ME First	M, St 9=	irden	Lost
	160. Y	WAS DECEASED EVER (es, ng, ayunknown)		NED FORCES? ar or dates of service)	b. SOCIAL SECURITY NO). 17. INFO	RMANT LEIX	SON	THE BEST	ess	
		18. CAUSE OF DEAT	H (Enter an	y ane couse per lime	(a), (b), and (c).)		0000			AP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		PART I. DEATH	WAS CAUSED	BY: TE CAUSE (a)	vicinim	a of	Lung			120	e 4 oar
		Conditions, if any, we nise to immediate a stating the underly last.	ause (a), (ng cause	(b)	A CONSEQUENCE OF	DELATED TO TH	E TERMINAL DISEASE	OP CONDITION	CIVEN IN PART 1(a)		
	-	/ Z. OTTLER SION	I ICAINI CON	DITIONS CONTRIBUTION	O TO DEATH DOT NOT	KLONILD TO TI	L TERMINAL DISEASE	OK CONDITION	OITER IN TAKE I(u)		
-	CERTIFICATION	19a. DATE OF OPERATI	ON 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES NO		Ob. IF YES, WERE FINDIN AUSES OF DEATH?	NGS CONSIDERED	IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEAT	HOUR A.M.	JURY Manth Day Year 19	21c. HOW	NJURY OCCURRED (Enter noture af	injury in Port 1 or Po	rt 2, Item 18.)	
	WE	21d. INJURY OCCURR While Nat while	ED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	1 6		10	City or Town	Caunty	State
		22a. I certify the saw the de causes stat	at (I) (thi ceased a ed abave	s haspital) oftensive an, (I) (we) (did) (di	d rot) view the by	dy after dea	nat in (my) (our) th.	opinion dec	oth occurred on the	, 19 <u>60</u> , to de dote ond he	that (I) (we) last our ond from the
		22b. SIGNATURE	Mas	d Fit	villa	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNE	17/68
1		22d. PHYSICIAN'S NAME (Type)	Will	lard F.	Smith	MD	22e. ADDRESS	hady	Side .	Md.	
1	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. [19-1968	23c. NAME OF GE	METERY OR/CRE	emeter;		CATION (City or Tawn)	9 (County)	Mar.
)	24.	FUNERAL DIRECTOR	1		ADDRESS	0 n	2So. RE	FB21	AR 1968 25b. REGIST	PAR'S SIGNATURE	mostales :
2)	M	11. 111.11	11/10	1-1711	1MAAAAA	11n:1W	DATE!	LU W T	.000		

6.50.50 Class All Street San Construction of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH 02036 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02624 Middle 20. DATE OF DEATH DECEASED-NAME 2b. HOUR and 2 TRUBADOUR (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX 5. DATE OF BIRTH 6. AGE (In years last birthdov) MONTHS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [U.S.A. WIDOWED the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY W 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1/3c, CITY OR TOWN I3e. STREET AND NUMBER 13d INSIDE CITY LIMITS? J3b. COUNTY remave and in any 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First THOMAS MARY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) I (If yes give war or dates of service) crematian, ar removal, 014-05-6369 1105 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) signed by the burial-transit The law requires that rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priartat by the haspital or attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES 🗔 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while at work be retained directar, page 3 shauld should be filed with the causes stated obove, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS

TO HOSPITAL Page 4 may b

VR AT5 (4) 1 30M REV. 1/68

REMOVAL (Specify)

23b. DATE

NAME (Type)

23a. BURIAL, CREMATION

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County) (Stote)

2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

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#8080 DESCRIPTION OF THE PARTY OF THE

A Works

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1	17-2.5	Its	MARYLAND STATE DEPARTMENT OF HEALTH	1	
FOR S	TATE	It	MEDICAL EXAMINER'S CERTIFICATE OF DEATH		025
HEALTH	DEPT.		DECEASED-NAME First Middle Last 2a. DATE KN	OWN Manth D	Doy Year 2b. HOUR
ay is	78	(Type or Print) PATRICIA DEATH MA)	13 1968 4:pM
delay and 3	men	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRO	NOUNCED DEAD Day	2d. HOUR
2, and	Tu de la constant de		Female White 7 0 37 33RS Febr	uary	13 19 68 4:pM
	De		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9. COUNTY OF DEATH VITY) 9. COUNTY OF DEATH VITY	d .	
Pages vith far	tate	10.4	SITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kin		Md. 2b. KIND OF BUSINESS OR
0 00 >	and 2 with the State ifter death.	1	give street oddress) during most of working life.	even if setired h	VDUSTRY X / Co
after de 3. Give l along w	# #	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET A Demission) STATE 13b. COUNTY A. A.	ND NUMBER	11111 90
18. 18.	2 with death.	0	odmission) STATE 13b. COUNTY A. A. Pasadena Pasadena Pasadena Box	x 98 Coun	ty Lefe Rd.
hours Item 18 Office	l and 2	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle	Last
24 in 1		1	Harry Sobt Mylle	E	
I within 24 n pencil in Examiner's	pages	100.	WAS DOCEASED EVER IN U.S. ARMED FORCES? Yes, no, op Jinkyrown) (1/2 yes give war or dates of service) 17. INFORMANT	ADDRESS	Prove
win pe	File 772		In CAUSE OF DEATH (Solve color con consistence (solve))	C	APPROXIMATE INTERVAL
	unsit permit. F event within		1B. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Airwa obstruction		BETWEEN ONSET AND DEATH
e execute pending" ef Medical	per nt w		486 X IMMEDIATE CAUSE (a) ATTI WAY OBSIT ACCIDENT		OF RECORD OF THE
be 'pe	ever	100	(anditions, if any, which gave) Acute tracheitis at site of traches	ostomy	
should e ward o the Ch	al-tra		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF performed for pneumonis		
e should the ward to the C	= .5		last. (c)		
	and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1(a)	
certificat writing rwarded		NO	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20. AUTOPSY?
e, w farv	emova	CERTIFICATION	1/7/68 WAS PERFORMED? Pneumonia		YES NO
This licate, be fa	d b		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in	Port 1 or Part 2, Item	
INER: e certifi shauld	files. 3 shaul nation,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
EXAMINER: tute the certiage 4 shauld		ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or To	own	County State
L EXA/ ecute	Page crem		AT WORK AT WORK		
Xe Y	cTOR: P burial,		22a. I certify that I took charge of the remains described obove, held an Autopsy X, Inspection	, Inquiry,	and in my opinion
lease ex	kal DiRECT priar to bu			mined manner L	
	RAL DII	13	ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER AD ASSISTANT MEDICA	22b. DATE SIG	GNED
UTY any,	RAI		DEDITY MEDICAL EVANISED		cuary 14, 196
o DEPUTY necessary, p	5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health priar to burial, crem	18	Edward F. Wilson, M.D. Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)		, 14, 170
10 and	7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230	BURHAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (G)	y ar Tawn) (County) (State)
	0	4	Idual - 60 Ster Heven Ste	n Sus	wee hid
VR	A15ME [5]	94	10 10 11.	25b. REGISTRAR'S SIC	SNATURE CURSON
	A REV. 1/68	/	Tokot & Danemer Severne Phypart FEB 19 1968	-	000

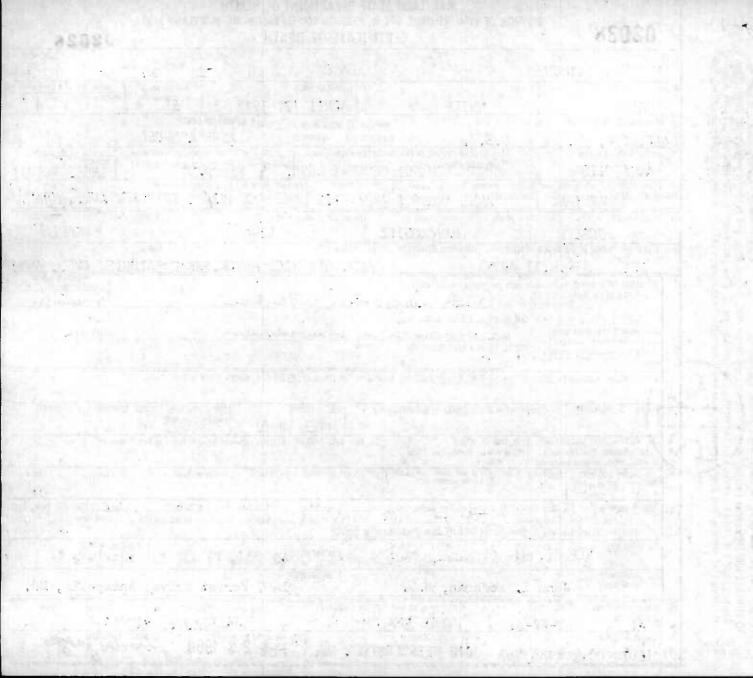
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02625 DECEASED-NAME Lost First 2o. DATE OF DEATH 2b. HOUR (Type or print) CHARLES MANCK 24 hours offer 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) MONTHS HOURS APRIL 13. MALE WHITE 1912 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED ANNE ARUNDEL WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR PHYSICIAN: The low requires that the death certificate be executed within during most of working life, even if retired.) ANNAPOLIS 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER even 136. COUNTYANNE NO X C FAIRVIEW AVE . ANNAP. 788 burial, cremation, or removal, and in ony 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First MANCKOWITZ LENA KAPLAN JOSEPH signed by the ottending physicion buriol-transit permit. Then please 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S., ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) BEATRICE MANCK. 788 C FAIRVIEW 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) prior to this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO PC YES 🗔 be retoined by the hospitol or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) of 21d. INJURY OCCURRED director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram , 1956, ta , 1968, that (I) (we) lost saw the deceased glive on 1968, and that in (m) (our) opinion death accurred on the dote and hour and from the FUNERAL DIRECTOR: After causes stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John L. Hedeman, M.D. 1407 Forest Drive, Annapolis, Md. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 0 OHEB SHALOM 2-22-68

6010 REISTERSTOWN

250. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

LEVINSON & BROS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the cheractor, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 hours shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours dieath.

VR A15 (4) ~ 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					• • •					
1. DECEASED-NAME (Type or print)	First	Middle		Last	2a.	DATE OF DEATH Month	Day	Vace	2b. I	HOUR]
C1	aude	James	MAR	STON		Februar	7 20	1968	6:	40 M
3. SEX	4. RACE			DATE OF BIRTH		6. AGE (In	years IF	UNOER I YEAR	IF UNDER	
Male	Fr.	Thite	J	an. 10, 1	1912	lost birti	YRS.	NIHS DATS	HOURS	MIN.
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY? 8.	MARRIED K	NEVER MARRIED	9. CO U	INTY OF DEATH				-
country) Virginia		U.S. W	/IDOWED	DIVORCED [ne Arunde	el			Md
10. CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INSTITU	ITION (If nat in	n haspital 12a.	USUAL OCCU	UPATION (Kind of w	ork done	12b. KIND OF	BUSINESS	OR
Annapolis	Anr	street address) ne Arundel G	en. Ho	SD.	ng mast at v instru	warking life, even i	retired.)	Drivi	nø	
130. USUAL RESIDENCE (Where of		tian: Residence befare 13a	CITY OR TO	WN 13d, INSIDE	CITY LIMITS?	13e. STREET AND N				
130. USUAL RESIDENCE (Where codmission) STATE Maryla	nd 136. COUNTY	ne Arundel	Annapo	lis YES	NO 🗌	20 Hill	top Lan	ie		
14. FATHER'S NAME First	Middle	Last	15. M	OTHER'S MAIDEN NA	ME First		Middle		Last	
Samı	el L.	Marston			Fire	rie	н	loover		
160 WAS DECEASED EVER IN IL	APMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFO	RMANT			Address	UUVEL		
Yes, na, ar unknawn) (If ye	s give war or dates of service)	217-05-724	l Vir	ginia W.	Marst	on - same	e as #1	3 abo	ve	
18. CAUSE OF DEATH (En	er only one cause per li							APPROXI	MATE INTERV	
		is reting as	sum/	1 1 m	hen on	ue anto		5 la		24111
111110		AS A CONSEQUENCE OF	1	1		0.011				
Conditions, if ony, which	igve)	AS A CONSEQUENCE OF								
rise ta immediate cause		AS A CONSEQUENCE OF								
stating the underlying co	(c)	AS A CONSEQUENCE OF								
PART 2. OTHER SIGNIFICAN	17	ITING TO DEATH BUT NOT R	ELATED TO TH	IE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PART 1	(a)	-		
451V	4						V -7			
19a. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERFOI	RMED	20a. AUTOPSY?	-	20b. IF YES, WERE	FINDINGS CONS	IDERED IN C	ERTIFYING	3
OH I				YES TOK N	0 🗆	CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDE	RLYING 21b. TIME O	F INJURY	21c. HOW		(Enter nature	e af injury in Part 1	or Port 2, Item	18.)		
OR CONTRIBUTING CAUSE		Month Doy Year								
- I ZIG. INJUKT OCCURRED		AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	1 21f. LOCAT	ION Street or R.F.I	D. No.	City or Town	(County	S	tate
While Not while at wark		OFFICE BUILDING, ETC.	/							
220 certify that () (objectorenizati) ott	ended the decensed	rom	luz	19 5 X	to \$5.45	196	that	(I) (or	rait lost
sow the deceos	ed olive on	ended the deceosed 190	Sc, ond f	ngt in (my) (over	opinion	deoth occurred	on the dote	ond hour	ond fro	m the
couses stoted o	bove (1) (we) (did)	(did not) view the bod	y ofter dec	ìth.				10		
22b. SIGNATURE	1. 1. 0.	an more		ATTENDING	MED.	STAFF		E SIGNED		
fun	a med sac	ween wil	DEGREE	PHYS.	DIRECTO	R PHYS.	1 2 2	1/68		10
22d. PHYSICIAN'S NAME (Type)	n L. Hedema	m M D		22e. ADDRESS	nest D	rive, An	nanalie	Md		
	23b. DATE	23c. NAME OF CEM				LOCATION (City ar	,	(Caunty)	(State)
PEMOVAI (Specify)	Feb. 23,	1968 Glen H	aven C	emetery	G1	en Burni	A A	MATURE	Md.	
24. BUNERAL DIEGIOR E.	Hopping	Jenelly 6.	Haza	25a. RE	CD BY KEGI	6 1968 Sb. 1	Classica SIG	AIUK	SE	1
Hopping Fune	ral Home -	Annamia	Md /	DATE	CD 4	0 1040		0	0	5

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORD **LAND 21201**

5,	301	W.	PRESTON	ST	REET,	BALTIMORE,	MARY
	CFR	TIF	ICATE (OF	DFA	TH	

02028

	ASED-NAME	First		Middle		Lost	20. DA1	E OF DEATH	27		2b. HOU
(Туре	ar print)	Robert	t	Henry		Maury		February	Doy	1968	
3. SEX			4. RACE		15	. DATE OF BIRTH		6. AGE (In years	IF UNDER	RIYEAR IF L	UNDER 24 H
200	Male		Cauca	sian		ecember 9	1800	lost birthdoy)	YRS. MONTHS	DAYS HO	OURS N
7a RIP	THPLACE (State or f	foreign T	7b. CITIZEN OF WH		1		7	Y OF DEATH	11.3.		
country		loreign	70. CHIZER OF WI	S D		NEVER MARRIED					
10 0171	VUL	711	U,	J. 17	WIDOWED			ne Arundel	1 1 101	MAN OF BUILD	
	OR TOWN OF DEA		aive s	ME OF HOSPITAL OR IN				TION (Kind of work of		ISTRO OF BUSI	INESS O
	nnapolis			Naval Hos	pital			king life, even if retir		Ker	
13a. US	UAL RESIDENCE (WI	here decease		on: Residence befare				e. STREET AND NUMBE			
dullissi	on) STATE Mary	land	Anne	Arundel	Annapo	olis YES	NO 🗌	208 Princ	e Geor	ge St	
14. FAT		irst	Middle	Lost	15.	MOTHER'S MAIDEN NAM	E First	Midd	le	1 1	Lost
	GREEN	WHHU		MAURS	1 /			RFORRD	1	FRU	IF
	AS DECEASED EVER	IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECURITY		ORMANT /	1.1	Addre	22		1 000
Yes	ro or unknown)	(If yes give we	r or dates of service)		H+	TEL J.	MAU	Py #/	3E,		
1/0	CALISE OF DEAT			ne for (o), (b), and (c)	1			1		APPROXIMATE	
	PART I. DEATH	CARLETO DALLE	DV.			() .				BETWEEN ONSET	AND DEA
	5/11	IMMEDIAT			*	Septicen	1//				
	onditions, if any, w	alital annus		S A CONSEQUENCE OF					12.4		
ris	onamans, ir any, w se ta immediate o	cause (a).	(b)	mall 5	owel C	obstruction					
st	oting the underly			S A CONSEQUENCE OF							
	st.	,		Adhesion							
P.	ART 2. OTHER SIGN	IFICANT CONE	DITIONS CONTRIBUT	TING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(o)			
S.L	5/05										
3	a. DATE OF OPERATI		ONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	10	b. IF YES, WERE FIND!	NGS CONSIDER	ED IN CERTIF	FYING
E	28 Feb 68	Sm	all bows	1 obstru	ction	YES 🔀 NO		AUSES OF DEATH?			
	a. ACCIDENT WAS	UNDERLYING	21b. TIME OF	INJURY	21c. HOV	INJURY OCCURRED (E	nter noture of	injury in Port 1 or Po	ort 2, Item 18.)	
	or contributing [Manth Day Yeor	0						
- /	1d. INJURY OCCURR	RED 21e. F		AT HOME, FARM, STREET, FA	CTORY.) 21f. LOC	ATION Street ar R.F.D.	No.	City or Tawn	Count	ly	Sto
V	hile Not while									4.1	
2	wark at work	ot (I) (this	hospital) otto	anded the decens	ed from 20	Decembe not that in (my) (our) ath.	67 to	2% Feb.	19 68	that (I)	(we
1 1	saw the de	ceased ali	ve on 27 F	ebruary	1968 ond	that in (my) (our)	opinian dec	th accurred on th	ne dote ond	hour and	d frai
	causes stot	ed above,	(I) (we) (did)	(did nat) view the	body after de	ath.					
22	b. SIGNATURE								22c. DATE SIG	NED	
	Jame	JV.	2	ma (LCDA	MC USEGREI	ATTENDING 1 -	MED. DIRECTOR	STAFF PHYS.	2-0	28	
22	d. PHYSICIAN'S	/				22e. ADDRESS			01/2010		
	NAME (Type)	J.J. 0	QUINN, LO	CDR MC USA		NAVAL H	IOSP ITA	L, ANNAPOL	IS,MD.		
23 g. B	URIAL, CREMATION,	23b. D	ATF .	23c NAME OF	ÇEMETERY _I OR C	REMATORY 1	23d_10	CAJION (City or/Town)	(Cour	ity)	State)
1	EMOVAL (SPZOTY)	10	1/0	- IN -	-	1 1/44//	1 // -	1 -	,		20
1047	1 1 1 1 1 1 1 1 1	7 -	1-10	101	INIC. IA	I RILLIA	600	LIMICIAN		1/1	
1/2	NERAL DIRECTOR	10-	1-60	ADDRESS	109/01		D BY REGISTR	AR 26b. REGIST	RAR'S SIGNATI		20

Annapolis, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 habrs after death Page 4 may be retained by the hospital or attending physician.

#2960 Historio stationa

Soort Stry Sary Sary Street Visita values Mala Caucus inn feb un's each Accompanies, re. . S. Cincolors with the site of the site o Company of the state of the sta J.J. GINN, LOW, NO ROW SEE SEVER HIS TELL, 180 FELIS, HO.

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hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave can should be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION 201

OF	VITAL	RECORDS,	301	W. I	PRESTON	STREET,	BALTIMORE,	MARYLAND	212
			CEDT	151	CATE	T DEA	THE		

0002	2			CERTIFIC	ATE OF	DEATH				026:	24
DECEASED-NAME (Type or print)	First		Middle		Lost		2o. DATE O	Month	Doy	Year 68	2b. HOUR
	Robert		Edward	M	axfiel			2	19		7:15
3. SEX		4. RACE			S. DATE OF B			6. AGE (In	yeors _	MONTHS OAYS	HOURS MIN.
Male		White			Aug.	1, 189			7RS.		
70. BIRTHPLACE (Sucte		. CITIZEN OF WHA	COUNTRY?	8. MARRIED	X NEVER MAR	RIED	9. COUNTY O	F DEATH			
XXXXXXXX	XXX	USA		WIDOWED		RCED 🗌		Arun			Md
10. CITY OR TOWN OF Crownsvil		give stre	E OF HOSPITAL OR IN eet oddress) wnsville			during mo	L OCCUPATION		f retired.)	INDUSTRY C	BUSINESS OR SELF-EMP
130. USUAL RESIDENCE			Peridence before	12 CITY OF	TOWN	124 INSIDE CITY LIE		TREET AND N		:	
odmission) STATE Maryland		13b. COUNTY	Arundel	TAXXXX	Burnie	YES NO			t.ree T	SW	
14. FATHER'S NAME	First	Middle	Lost			AIDEN NAME FI	irst		Middle		Lost
Ti di	dward		Maxfi	6.6		N	Marv			(unkr	nown)
160. WAS DECEASED EV	ER IN U.S. ARMED		6b. SOCIAL SECURITY		NFORMANT		ICIT A		Address		
Yes, no, or unknown	(If yes give war o		212-30-92	0000	anital	Decem	. O		77. 1	Ma	. 3
			for (o), (b), ond (c)		PULL	_Recore	18 , <i>LI</i>	WIISVI	110,	APPROXI	MATE INTERVAL
	TH WAS CAUSED B	Υ:								BEIWEEN	DNSET AND OEATH
428	IMMEDIATE		Broncho		nra.						
Conditions, if on	which gove		A CONSEQUENCE OF								
rise to immedio	te couse (o),		ocardial		ficiend	ey					
stoting the unde	erlying couse		A CONSEQUENCE OF								
last. 423	-/ ,		rterioscl								
PART 2. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUTIONS	NG TO DEATH BUT N	NOT RELATED TO	THE TERMINA	E DISEASE ORCE	ONDITION GIV	EN IN PART I	l(o)		
a Hyp	othroidi		100								
190. DATE OF OPER	ATION 19b. COI	NDITION FOR WHICH	H OPERATION WAS P	ERFORMED	20a. AUTO	PSY?		F YES, WERE		ONSIDERED IN C	ERTIFYING
RIIFI					YES 🔀	NO 🗌	CAUSE	J OF PLANTS			
		21b. TIME OF I			OW INJURY OC	CURRED (Enter	noture of inju	ury in Port 1	or Port 2, I	tem 18.)	
	CAUSE OF OEATH medical examiner		Month Doy Yeor	19							
- ZIG. INJUKT OCC	URRED 21e. PL		T HOME, FARM, STREET, FA	ACTORY.) 21f. LO	CATION Street	et or R.F.D. No.	Cit	y or Town		County	Stote
While Not w	iiiie	10	The boltomo, Lit.								

22a. I certify that (I) (this haspital) attended the deceased from 1/29 , 19.68 , ta 2/19 , 19.68 , that (I) (we) last saw the deceased alive an 2/19 19.68 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

23c. NAME OF CEMETERY OR CREMATORY

22b. SIGNATURE

23b. DATE

MED. DIRECTOR ATTENDING PHYS.

22c. DATE SIGNED STAFF PHYS. 2/20/68

(County)

(Stote)

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

Crownsville State Hospital, Maryland 23d. LOCATION (City or Town)

230. BURIAL, CREMATION, REMOVAL (Specify) BULLAL 24. FUNERAL DIRECTOR

Feb. 23,1968 Baltimore Cemetery

ADDRESS

Singleto m Glen Burnie, Marylandare

Maryland Baltimore, RESISTRAR 19

VR A15 (4) 30M REV. 1/68

Richard V.

177 :::

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02030 DECEASED-NAME Middle First Last 20. DATE OF DEATH 2b. HOUR (Type or print) Pauline R May 4. RACE 3. SEX S. DATE OF BIRTH IF LINDER | YEAR IF HNDER 24 HRS 6. AGE (In years HOURS last birthdoy) I-3-1888 Female Negro 80 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED oxford.N.C. USA WIDOWED T Anne Arundel DIVORCED [1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.)

Retired-Mill Wor give street address) INDUSTRY Patapeso Park 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmissian) STATE N. C 13b. Oxford YES 🔲 NO 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Lost Henry Royster Martha Down 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, po, ar unknawn) (If yes give war or dates of service) Royster-2II Midland Ave APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave ; rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INILIRY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. State City or Town County While Not while at wark 220. I certify that (I) (this hospital) attended the deceased fram , 19 Go, to 17 19 68, and that in (my) (our) opinian death occurred on the dote and hour ond from the saw the deceased olive an. causes stoted above. (1) (we) tdid) (didnet) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. 2-19-68 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type Jerry . Luck 427 Wwale Road 212-25 23d. LOCATION (City or Town)
Baltimore City 23c. NAME OF CEMETERY OR CREMATORY
Mt Auburn 23a. BURIAL, CREMATION,
BEMEYAL Openity) (County) (Stote) 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS**

O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be filed v VR A15 (4) 30M REV. 1/68

and 2 death.

physician and completely filled in en please remove carban papers. aval, and in any event, within 72 by

signed by the attending phy

as the

use

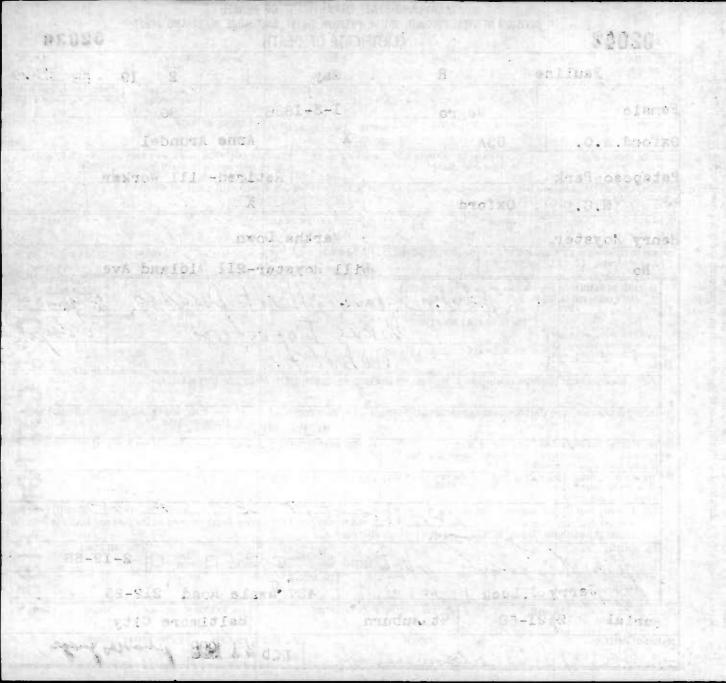
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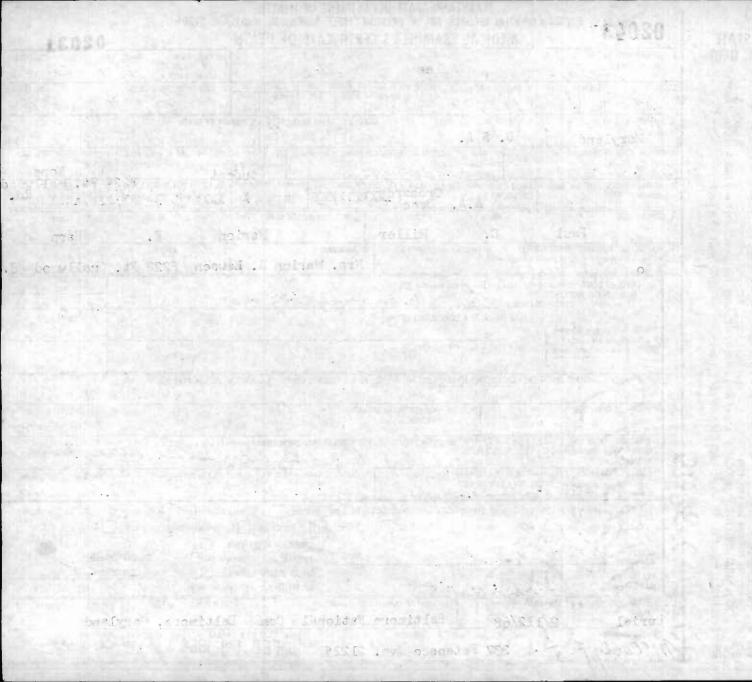
24 hours after death

PHYSICIAN: The law requires that the death certificate be executed within

the hospital or attending physician.



81		O O O C O DIVISI				ARTMENT OF N STREET, BAL	HEALTH TIMORE, MARY	LAND 21201			
FOR STATE		02043					OF DEATH			0900	
HEALTH DEPT.			rst		idle	Lost		20. DATE KNOWN	Month Month	Doy Yeor	2b. HOUR
oy is 3 ta Poge Poge		Type or Print) 9AK	9	4	e	Miller	t	OF ESTI- " DEATH MATED	-	9 16	8 1
del de l	3. 5	EX 4. RACE	S. DATE OF B	/50	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUI		9 Year 196	2d. HOUR
		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?		RRIED NEVER M	ARRIED 9. COL	INTY OF DEATH			
S of a		Maryland	U. 1				ORCED 🗌		A. A.	00	M
ofter death. 3. Give Poges 1, slong with form form with the Stote Die eoth.	9	city or town of DEATH	give	street oddress)	ARUNO.	(If not in hospita		CCUPATION (Kind of f working life, ever ent	n if retired.)	INDUSTRY	Business or None
0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	130.	USUAL RESIDENCE (Where dece	eosed lived, if insti 13b. COUNTY	tution: Residence	e before 13c. (IT) ccharday Beach	OR TOWN	YES NO	13e. STREET AND N	IUMBER 822	28 Ft.S	nall woo
1 hours 1 tem 18 Office 1 ond 2 v	14. 1	FATHER'S NAME First	Midd	е	Lost	15. MOTHER'S MA	AIDEN NAME First		Middle		Lost
24 in in in is c		Paul	C.	THE LO	Miller		Mari	on	E.	Han	rp
This certificate should be executed within 24 hours cate, writing the word "pending" in pencil in Item 1. be farwarded to the Chief Medical Exominer's Office. I be used os o buriol-transit permit. File pages 1 and 2 or removol, and in ony event within 72 hours ofter design of the second of the s		WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes go	D FORCES? ive war or dates of service)	16b. SOCIAL SE	CURITY NO.	7. INFORMANT Mrs. Ma:	rion E. E		RESS 228 Ft.	Smally	wood Re
ed v in Ex in T. Fil		18. CAUSE OF DEATH (Enter of	only one couse per	line for (o), (b),	ond (42)		0,			APPROXIM	ATE INTERVAL
executed nding" in Medical E permit. F	10	PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (0) 🔽	Tune	that h	vousd 1	Vdome	L		1	
be exeminef Me		Conditions, if ony, which gave		R AS A CONSEQU	JENCE OF					and,	lanc
d be d "p Chie frans		rise to immediate couse (a),	(b)	D. A. C. A. CONCERNIA	IFNes or					3014	INS
should be e ne word "per to the Chief I buriol-transit I in ony even		stoting the underlying couse last.	(c)	R AS A CONSEQU							
ficate string the rded to os o b	z	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBU	TING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1	0)		
this certificate, writing ate, writing the farward be used to be u	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITIO	N FOR WHICH OP	RATION				20. AUTO	PSY?
his ate, be for	RIF	ALL ENTERNAL CAUCE	1	2						YES	NO
ICAL EXAMINER: The execute the certificator. Page 4 should be ad for your files. CTOR: Page 3 shauld be buriol, cremation, or	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH	HOURA	INJURY Month,	19 68 J	Leef my	CCURRED (Enter notu	re of injury in Port	or Port 2, Ite	em 18.)	loner
(AMINER: te the certi e 4 should four files. age 3 shau cremation,	ME		PLACE OF INJURY foctory, office belldi		street, 2	If. LOCATION Street		City or Town		County	Stote
please execute the director. Page 4 sh etoined for your fill DIRECTOR: Page 3 sor to buriol, cremat	13	AT WORK AT WORK	are Tres	Bere	R	Bleche			_ /	1ACo	40
CAL I		22a. I certify that I			-			pection 🖳	Inquiry 🗃	, and in	my opinior
lease estoined director.		death resulted from:	Matural cau	ses [],	Accident,	Suicide ,	Homicide	Undetermine	d manner [
plea director tretor to the contractor to the co		ACTUAL	17	11			IEF MEDICAL EXAMINI		001 5475 4	HOMED	
ury, ple pry, ple perol di Be reft prior		SIGNATURE	m rece	<u> </u>		m.D.	SISTANT MEDICAL EXA PUTY MEDICAL EXAMI		22b. DATE S	F-G8	
o DEPUTY SICAL E necessory, please exect the funerol director. Pa 5 may be retoined for 0 FUNERAL DIRECTOR: Health prior to buriol,		EXAMINER'S NAME (Type)	=. LINh	medo	_	AD	DRESS(Street, city, to	wn, or county)			
01 = = = 01	230	_REMOVAL (Specify)	b. DATE		AME OF CEMETERY			LOCATION (City or	3.6		(Stote)
	24	Burial 2 FUNERAL DIRECTOR	2/112/68	Ba	ADDRESS	National	2So. REC'D BY REC	Baltimore			
VR A15ME (5)	1	ne Culler F. &	237	Patans	co Ave.	21 225	DATE FEB 1	3 1968	REGISTRAR'S SI		iga
10M REV. 1/68	1	111	~//	- o-pu		~~~/	DWIC T	-	<u> </u>		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02032

/ IL												
		eceased-NAME ype or print)	First NELL	IE	Middle BUSS		Lost MILLER	20	DATE OF DEATH Feb. Manth	Doy Z	2 Yeor E	2b. HOUR
- 1	S. SE	x Male		4. RACE	3 11 1		S. DATE OF BIRT		6. AGE (In yea lost birthdoy)		UNDER 1 YEAR INTHS OAYS	IF UNDER 24 NRS HOURS MIN
1	7o. E	BIRTHPLACE (Stote or f	oreign 71	U.S.	NAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI DIVORCE	EU C	OUNTY OF DEATH nne Aryndel			N
		TITY OR TOWN OF DEAT		11. NA give s	AME OF HOSPITAL OR INST	ITUTION (If n	ot in hospital	12a. USUAL OC during most	CUPATION (Kind of work	dane red.)	12b. KIND OF INDUSTRY	BUSINESS OR
	13a. odmi	USUAL RESIDENCE (WHissian) STATE	ere deceased Land	lived, if institut 13b. COUNTY		13c. CITY OR Glen	TOWN 13	LINSIDE CITY LIMITS?	13e. STREET AND NUMB 7928 Oakwo		lo ad	
	14. F		irst Liam	Middle	Lost Shaffei		. MOTHER'S MAID	DEN NAME First	Mid	dle	E	lost USS
	16a. Y	(es, no, or unknown)	N U.S. ARMED	FORCES? or dates of service)	166. SOCIAL SECURITY NO 166-20-39		NFORMANT	ers - W	Addı illiamsport			
I		18. CAUSE OF DEATH	H (Enter anly	one cause per lin	ne for (a), (b), and (c).)				it faj lur			MATE INTERVAL INSET AND OEATH
	9	Conditions, if ony, wrise to immediate c stating the underlyilast. PART 2. OTHER SIGNI	hich gave ause (a), ng couse	(b) DUE TO, OR A	IS A CONSEQUENCE OF S A CONSEQUENCE OF TING TO DEATH BUT NO	luei	iza	e dem	TION GIVEN IN PART 1(a)			
X	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WH			ICH OPERATION WAS PER	FORMED	20o. AUTOPS	20b. IF YES, WERE FIND CAUSES OF DEATH?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GRATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 19 21c. HOW INJURY OCCURRED (Enter					30.00	ure af inju ry in Port 1 or P	art 2, Item	n 18.)				
	ME	21d. INJURY OCCURR While Not while at wark	ED 21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.				City or Tawn		County	Stote
		22a. I certify the	ot (I) (this	hospital) atte e an (did) (1) (we) (did)	ended the decease 7. 22 19 (did not) view the b	d from ody after	d that in (my)	, 19 <u>6_3</u> (our) opinion	., to Fely . 22 n deoth occurred on t	_, 19 <u>_6</u> he date	& , that and hour	(I) (we) la ond from th
		22b. SIGNATURE	ect	19a6	ding	DEG	111101	DIRECT	OR STAFF PHYS.		E SIGNED	CF
		22d. PHYSICIAN'S NAME (Type)	Pohent	DABOLI	ins M.D.		22e. ADDRE	Chain.		21:	A.13	
	RI	BURIAL, CREMATION, REMOVAL (Specify)		Feb. 6		emetery or od Cen			d. LOCATION (City or Town illiam sport) ((Caunty)	(State)
	24. Si	FUNERAL DIRECTOR	ofert	Palar 1 Home	ADDRESS /Glen Burr	nie, N	1d.	So. REC'D BY RE	GISTRAR 25b. REGIS 25 6 1968	TRAR'S SIG	SNATURE	nogen

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 h VR A15 (4) 30M REV. 1/68

funeral s n and 2

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

SEDSO					6. Number	
20040						
	4 - 9	Note:	2800			
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	na las les services		19	5 4		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

02045

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02033 CERTIFICATE OF DEATH

1 ST			ECEASED-NAME First Middle Lost 20 DATE OF DEATH C 2b. HOUR.
and		(Type or print) John Arthur Minor Feb Month / Doy 68 Year 63 cm
of ter		3. SI	1) lost bieth day Months Day's Hours Min
Pog I		70.	BIRTHPIACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ers.			MARRIED NEVER MARRIED NEVER MARRIED NOVORCED NOT OF DEATH WIDOWED DIVORCED MARRIED MAR
ily filled in ion papers. within 72 h	6-17	10. (CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of wark done during most of warking life, eyen if retired.) 12. USUAL OCCUPATION (Kind af wark done during most of warking life, eyen if retired.) 13. INDUSTRY, //
rely	50	120	20111111 Bayard 11000 COOK & maintenance Private Homes
ind campletely tilled remove carbon pape onv event within 7	02		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS?) 13e. STREET AND NUMBER Bayard Road 13b. COUNTY Anne Arundal Lothian YES NO De Kural, Bayard Road
	1	14.	FATHER'S NAME First / Middle Lost IS. MOTHER'S MAIDEN NAME First / Middle Lost
lease I		14-	Jamuel J, MIIIOT FVEIT MANUACTORK MINOS (10.47C)
physician and ien please ren aval and in ar			16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 125-10-4401 Marks Minor, Son Lothian Md
en Ta			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON THE CONTROL OF THE
attend permit.			DUE TO, OR AS A CONSEQUENCE OF A CONSEQU
0) =			Conditions, if any, which gave is to immediate course (a). (b) Myperimosure C. V. Disease years
ed by the			stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
Signed burial-1			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
as been as the		TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has se a	2	CERTIFICATION	YES NO CAUSES OF DEATH?
=		MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
this certi detached		MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State
tote the			at work at wark 22a. I certify that (I) (this hospital) attempted the despased fram 125/6819, ta 2/1/6819, that (I) (we) last
R: Att		1	saw the deceased alive an
3 sho	,		22b. SIGNATURE MODIFIES HILL MODER ATTENDING DIRECTOR DIR
NEKAL DI			22d. PHYSICIAN'S NAME (Type) harles 4. Wirth MI) 22e. ADDRESS thian, md 20820
director should		23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Ety or Town) (County) (State)
F	do	24	FUNERAL DIRECTOR ADDRESS D.C. 250. REC'D BY REGISTRAR 25M. REGISTRAR'S SIGNATURE
30M REV	1/68	/	1622-1/15/201 PATE FEB 5 1968 filleriles Judge.

AND THE STATE OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) OF ESTI-MOORE 160 Page 0 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4 RACE 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and PM3. MIN. HOHRS 2 3 Year 6-27-05 State Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm WIDOWED DIVORCED in Item 18. Give Pages after dearn 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR alang with during most of warking life, even if retired.) INDUSTRY with the 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY YES NO P hours and 2 after 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME Examiner s hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes, no, or unknown) (If yes give war or dates of service) E APPROXIMATE INTERVAL = within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. EDWEEN ONSET AND OFATH the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 OS remayal, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO M 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 0 shauld 3 shaul MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote Page . foctory, office building, etc.) WHILE AT WORK AT WORK MA Alco 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection may be retained far FUNERAL DIRECTOR: and in my apinian the funeral directar. death resulted from: Natural causes . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNE ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) UMAL 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) DATE 10M REV. 1/68

TELL THE PARTY OF 02034 Fr. 17 808 Parkers

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME Eirst Middle Lost 20. DATE KNOWNET 2b. HOUR (Type or Print) ESTI-OF Raymond DEATH MATED Lester Morse 4 RACE IF UNDER 24 HRS. 3 SEX 5 DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR pup ny dela last birthday) PM3 Yeor 1960 Male White Aug. YRS 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED THEYER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED [Anne Arundel onkers. in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY ACTION OF CO after death Office alang with give street oddress during most of working life, even if retired.) land 2 with the Linthicum Orchard Road Machine Tool Designer Universa" death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Linthicum YES 😾 NO 🗌 107 S. Orchard Road haurs after Middle Lost IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First First Middle William Nor se Jesse 24 Kingman farwarded ta the Chief Medical Examiner's haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within pencil (Yes. no. or unknown) Morse. File APPROXIMATE INTERVAL _= within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 7 the certificate. NO [shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M MEDICAL SICAL EXAMINER: crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) may be retained far your FUNERAL DIRECTOR: Page WHILE NOT WHILE TAT WORK please execute 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection 4 Inquiry . and in my apinian Accident | death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health NAME (Type) Elmer Linhardt, M. D. ADDRESS(Street, city, town, or county) AM Co. 0 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore Gremation Loudon Park 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Kirkley Funeral Home, Glen Burnie, Md. 1968 DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

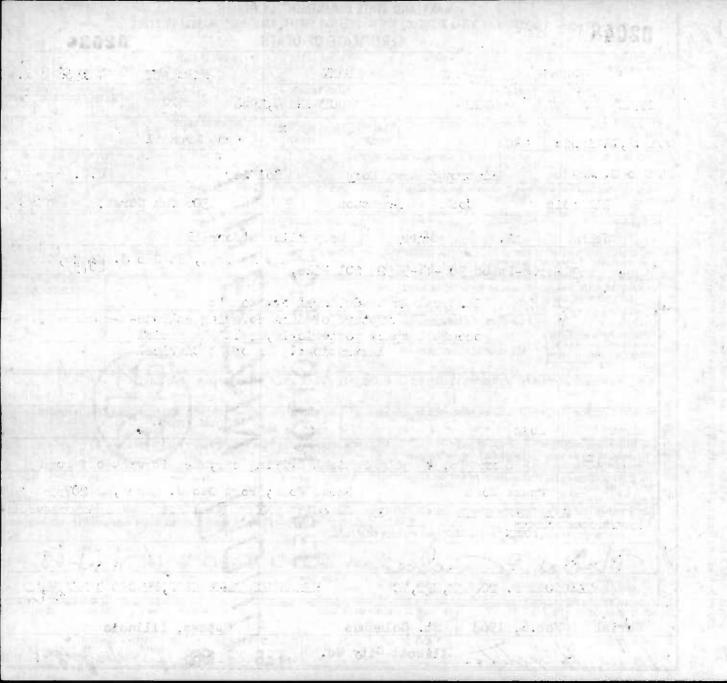
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0,100			- (EKIIFICA	ALE OF DEP	41H			4.5	211	山南	
	CEASED-NAME (ype or print)	First		Middle	3.673	Last		2o. DATE OF		Day	1.	Yeah	2b. HOUR
·		JOHN		J		RRY		F	EBRUARY			1968	
3. SE	MALE	4. R	ACE WHITE			OCTOBER	4,194	6	6. AGE (In year lost birthdoy) 21	YRS.	MONTHS !		F UNDER 24 HRS. HOURS MIN.
Ot	tawa, Illino			100	WIDOWED				Arundel				Md
Ft	Geo G. Mea		give street of Kimbr	F HOSPITAL OR INST address) ough Arm	y Hosp	dy	uing mast Soldi	of working	(Kind of work life, even if reti	ired.)	INDU	KIND OF BU JSTRY S.A.T.	
13o. odmi	USUAL RESIDENCE (Where issian) STATE Illin	deceased lived		/ /	13c. CITY OR T Evansto	1	NO NO		REET AND NUMB 06 Oa.k.		et		
14. F	FATHER'S NAME First		Middle	Lost		MOTHER'S MAIDEN			Mid	dle			Lost
	John		A.	Murry	r	Mary Ali	ce 01	Donne:	11				
	WAS DECEASED EVER IN L	J.S. ARMED FOR yes give war of dates	CES? 16b. of service) 16b.	SOCIAL SECURITY NO 106-46-58	0. 17. INF	ORMANT H	qs Sp	Trps	, Ft Ge	ess G.	¥8	755,1	Md
	1B. CAUSE OF DEATH (E PART I. DEATH WAS						THE H				В	APPROXIMAT BETWEEN ONSE	
	PART I. DEATH WAS	MMEDIATE CAUS	SE (o) Bila	teral Ac	ute Su	bdural h	emato	ma's			+		
	010.0		UE TO, OR AS A C	ONSEQUENCE OF	Ruptur	e of dur	a cov	ering	atlant	0-	100		
	Conditions, if ony, which rise to immediate cous	1/01/	(b) OCC	pital sp	pace po	steriorl	y, mu	ltiple	e facia	1			
	stoting the underlying		UE TO, OR AS A C	ONSEQUENCE OF	lacer	ations.	Fx o	fRt	Clavica	1			
	last.)	(c)										
N	PART 2. OTHER SIGNIFICA	ANT CONDITIONS	S CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEA	ASE OR CON	DITION GIVEN	N IN PART 1(a)				
CERTIFICATION	190. DATE OF OPERATION None	19b. CONDITI		PERATION WAS PER	FORMED	20a. AUTOPSY? YES 🔀	NO 🗌	20b. IF CAUSES	YES, WERE FIND OF DEATH?	INGS CO	NSIDER	ED IN CERT	IIFYING
	21o. ACCIDENT WAS UND		16. TIME OF INJU		21c. HOV	V INJURY OCCURRED	(Enter no	ture of injur	y in Port 1 or P	ort 2, It	em 18.))	
MEDICAL	OR CONTRIBUTING CAUS		HOUR A.M. Mo	eb 4 16	8 Pat	ient dri	ving	car.wl	hen it	went	t of	ef ro	ad
	21d. INJURY OCCURRED While Nat while at work at work	21e. PLACE (OME, FARM, STREET, FACTO E BUILDING, ETC.	ORY,) 21f. LOC	ATION Street or R. Reese Roa	.F.D. No.	City	ar Tawn		Count	ly	State
	22a. I certify that	22a. I certify that (that hospital patrended the deceased from WAS DOA , 19X , 10 4 Feb , 19 68 , that (that we know the deceased above and hour and from the couses stated above, (1) (WA) (did) (did not) view the body after death.							i):(we):ios id from the				
	22b. SIGNATURE	'ust	F .	alux.	DEGREE	11113.		CTOR	STAFF PHYS.	7	ATE SIG	46	8
	22d. PHYSICIAN'S NAME (Type) THEODORE F. TOULAN, CPT, MC 22e, ADDRESS KIMBROUGH ARMY HOSP, FT GEO) G	MEAD	E-MD			
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb.6	, 1968	23c. NAME OF C	emetery or columbus		2		N (City or Town		(Coun	ity)	(State)
24.	FUNERAL DIRECTOR	1/1	12x	ADDRESS	+ C4 +++	25a.	REC'D BY R		2Sb. REGIS		SIGNATU	URE	757.24

VR A15 (4) 30M REV. 1/68

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

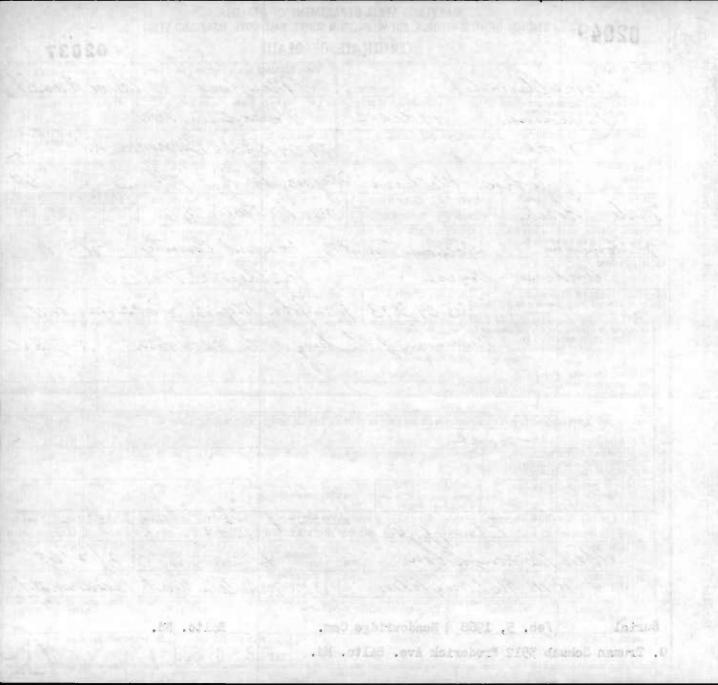
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	_									
		1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution of the country of the	on: Residence before admission)							
		b. CITY OR TOWN (If autside corporate limits, write RURAL fold give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL fold give nearest town) If years C. LENGTH OF STAY IN 1b								
)		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	eiis Rasidence on a farm? YES no							
5		3. NAME OF DECEASED (Type or print) John William Myen, S. 4. DATE OF DEATH February	2 60							
1	5.	5. SEX 6. COLOR OB RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years last birthday) March 7, 1901 9. AGE (In years last birthday) Output Output DIVORCED 18 DATE OF BIRTH 901 9. AGE (In years last birthday) Output Output DIVORCED 18 DATE OF BIRTH 901 9. AGE (In years last birthday)	Manths Days Haurs Min.							
	durj	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
		13. FATHER'S NAME andrew Myers 14. MOTHER'S MAIDEN NAME Mel	ler							
	IS. (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 215-09-3873 Miss. John Myers Pas	radius, med.							
		18. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH							
		Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. (b)								
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)	19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)							
	L CERTIFICATION									
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While at wark 19 to at wark 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)							
		sow the deceased alive on February 1968, and that death occurred at 10 14 M, from couses of								
		220. SIGNATURE M. M. M. ATTENDING MED. STAFF M.D. PHYS. DIRECTOR DIRECTOR PHYS.	22b. DATE SIGNED 2/2/68							
1		22c. PHYSICIAN'S NAME (Type) R. M. Mc Laughlin 3708 Monutain Road,	Paradua, Mol							
	-	230. BURIAL, CREMATION, REMOVAL (Specify) Purial 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City or Tow	wn) (County) (State)							
1		24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REC	GISTRAR'S SIGNATURE							
1.	W a	A TUPA LITHIUMII DENUMUU DOLK FIRMEFICK AVRA DELLUA PILA I.J. K. K. IMAM (IV	CALLES AND AND MANAGEMENT OF THE PARTY OF TH							

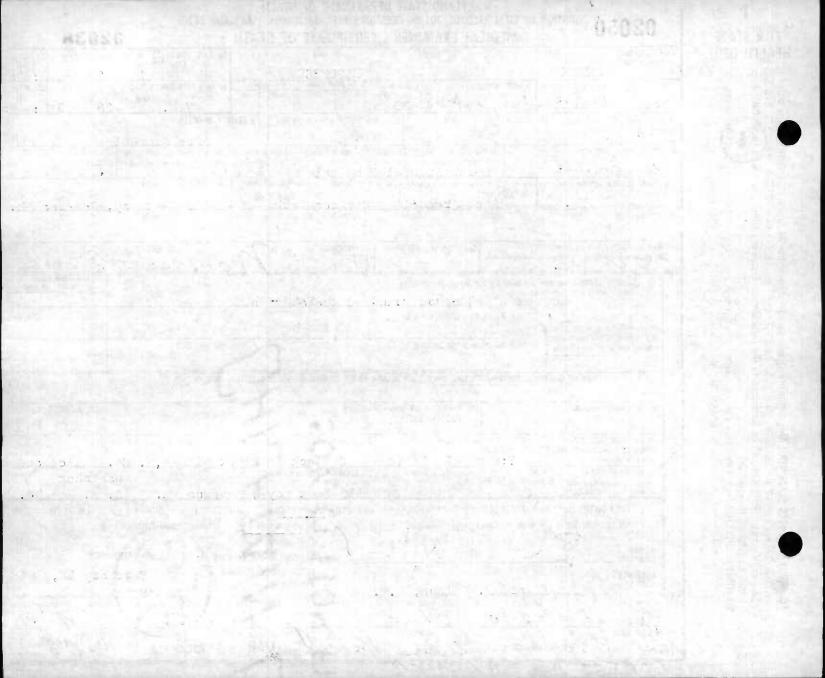
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-Poge 4 moy be retoined by the hospital or ottending physicion. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

funeral



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		02050 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	263%
HEALTH DERT.	1.0		Day Yeor 2b. HOUR
		Type or Print) STEPHEN NEGOESCU DEATH MATED 2	28 19683:04
lay is Page	3. S	X 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
de de munda.	1	lost birthday) Months DAYS HOURS MIN. Manth Day	28 Year 19 683:04M
		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	¥ 300 , 0 1
Poperty form form		Anne Arunder	Md Md
0 0 5 6 57	2		2b. KIND OF BUSINESS OR MOUSTRY
18. Give 1 t along w with the death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	0	dmission) STATE Md. 13b. COUNTY Anne Arundel Severna Park NO X 115 Southway	Severna PH.
thours after them 18. Give Office along Office along after death.	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	S Last
hin 24 ncil in I niner's pages I haurs o	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	0 -
	()	es, no, grunknown) (If yes give war or dates of service) — Uselel Degulscen—	above
in pe I Exar I Exar I File in 72		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in lief Medical E. Insit permit. F event within		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of the abdomen	
be exe		765 X DUE TO, OR AS A CONSEQUENCE OF	
be hief		Canditians, if any, which gave rise ta immediate couse (a), (b)	
should be one ward "pe on the Chief burial-transit in any ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she van the va	1	las1. (c)	
is certificate should e, writing the ward farwarded to the Ch e used as a burial-tra emaval, and in any	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin farward forward e used as	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
nis nte, e fa oe u	STEE	WAS PERFORMED?	YES NO
= 7 = .	N GE	21a. EXTERNAL CAUSE WAS PRIMAR ST OR CONTRIBUTING 21b. TIME OF INJURY Month, Oay, Year PRIMAR ST OR CONTRIBUTING HOUR A.M.	n 18.)
EXAMINER: 1 ute the certific age 4 should by your files. Page 3 should	MEDICAL	CAUSE OF DEATH 2:00 x 2 28 68 Subject in fight with A.A. Co 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. City of Town	Police and
XAM ute th ge 4 yaur Page crem		WHILE NOT WHILE factory, affice building, etc.)	A. Md.
		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 , Inspection 🗍 , Inquiry 🗍	
executor. Page of for CTOR: Purial,	18	death resulted fram: Natural causes 1 Accident . Suicide . Hamicide X Undetermined manner	
please ey director. Tetrained or to bur		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
			uary 28, 1968
ro DEPUTY necessary, the funera 5 may be ro FUNERA Health pr	-	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Streel, city, town, or county)	
0 = ± 2 0 ±	230	REMOVAL (Specify)	(County) (State)
	24	ADDRESS DE TRSO. REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
VR A15ME (5) 10M REV 1/68	1	Thut S. Sariance, Sevena Mr. In DATE MAR 4 1968 John	Les Jues .
1000000		COBERT S. BARRANCO	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICA	IE OF DEATH			030	4 1		
1. DECEASED-NAME	First	Middle		Last	2o. DATE OF D			2b. HOUR		
(Type ar print)	Carrie	Josephine	NUT	WEILL		Feb. 26.	Yeor 68	2:15		
3. SEX	4. R/	ACE	5.	DATE OF BIRTH	16	6. AGE (In years		IF UNDER 24 HRS.		
Femal	e	white	-	FAN 19, 18	387	last birthday) YRS.	MUNIHS UATS	HOUKS MIN.		
o. BIRTHPLACE (Sto	ate ar foreign 7b. CIT	IZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF D	EATH				
	(2)	() D X	WIDOWED 🔀	DIVORCED	HA	00	Last tones are	Mo		
Calesi)	11. NAME OF HOSPITAL OR IN give street address)	SITUTION (It not in	during m	ost of working lif	(ind af wark dane e, even if retired.)	12b. KIND OF B INDUSTRY	BUSINESS OR		
13o. USUAL RESIDEN odmission) STATE		, if institution: Residence befare COUNTY	Galesu	//	IMITS? 13e. STRE	MAIN 5	+			
14. FATHER'S NAME	m Albert	Middle Lost Wood Field) 15. M	OTHER'S MAIDEN NAME F	irst ORBARA	Middle She	erbert	Lost		
16o. WAS DECEASED Yes, no, or unkno	EVER IN U.S. ARMED FOR		1 1 4 4	RMANT RIAN NUTW	ell G	Address	le, Me	2)		
		ouse per line for (a), (b), and (c)	.)					NATE INTERVAL NSET AND DEATH		
PARI I.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) <u>gen. carcinomatosis</u>									
15	15 / 7 DUE TO, OR AS A CONSEQUENCE OF									
Canditians, if	any, which gove	(b)Ca	of pano	reas			1 yr	r		
stoting the u	ise to immediate cause (o), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
_	D SIGNIFICANT CONDITIONS	(c)	IOT DELITED TO TO	E TERMINAL DISEASE OR	CHOITION CHIEN	IN DART 1/-)				
PART 2. UTHE	K SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOI KELAIED IO II	IE TERMINAL DISEASE UK	LUNDITION GIVEN I	N PAKI I(d)				
190. DATE OF C	DEPATION 195 CONDITION	ON FOR WHICH OPERATION WAS P	PEOPMED	20a. AUTOPSY?	20h IF Y	ES, WERE FINDINGS CO	ONSIDERED IN CEL	PTIEVING		
190. DATE OF C	TAS. CONDITION	ON TOK WHICH OF EXAMON WAS T	LKI OKMED	YES NO NO	CAUSES	OF DEATH?	ONSIDERED IN CER	KIII TIIIO		
		16. TIME OF INJURY	21c. HOW	INJURY OCCURRED (Ente	r nature of injury	in Part 1 ar Port 2, I	Item 18.)	71.33.5		
	ing CAUSE OF OEATH ify medical examiner)	IOUR A.M. Month Doy Year P.M.	9							
21d. INJURY While No	OCCURRED 21e. PLACE C	OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		TION Street ar R.F.D. No	. City or	Tawn	Caunty	Stote		
22a. I cert	ify that (1) (this school	pital xattended the deceas	ed from	iu1v 19.4	0 to Fel	. 10	8 that	(I) (Wex los		
saw t	he deceased alive or	pitot) cattended the decease 1 2/25/ Ne) (did) (did not) view the	168, and t	nat in (my) (SEr) api	inion deoth oc	curred an the da	ite and haur a	and from the		
22b. SIGNATUR		We) (ala) (Sist Novi view tile	body offer dec	ш.		224	DATE SIGNED			
220. SIGNATUR	2.11	Zomula U	DEGREE		MED.	CTACE	27/68			
22d. PHYSICIA	2'/N	o mull n	, CI DEOREE	22e. ADDRESS X	JIKECTOK -	rnis.	27700			
NAME (T	vne)	suck, M.D.		Amos Garre	ett Blvd	. Annapo	lis. Md.	4.15		
23q_BURIAL, CREM			CEMETERY OR CR		23d. LOCATION		(Caunty)	(Stote)		
REMOVALISPE	city / 3/29	7/68 (BUAK	COR		Cole	= sville	AA	MA		
24. FUNERAL DIREC		ADDRES:	1) ^	2So. REC'D E	BY REGISTRAR	25b. REGISTRAR'S				
Hardes	ty fuveral 1	Your, Goles	ville,1	Med DATE AC	R 2 19	968 gell	arles for	age		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the faheral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Frand 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed within 24 h Poge 4 moy be retained by the hospital or attending physicion. VR A15 W) 30M REV. 178

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02639

L	01000	-			CERTIF	ICATE OF	DEATH			UAU	32	
1.	DECEASED-NAME	Fi	rst	Middle		Last	1	2a. DATE OF				b. HOUR
	(Type ar print)	Hans		G.		Olsen			2 Month 25	³⁰⁹ 1968°°	3	3:54
3.	SEX		4. RACE			S. DATE OF BI	- //	1/	6. AGE (In years	IF UNDER 1 YE	EAR IF UND	DER 24 HRS.
I	Male		W	hite		9	2 9/61	197	lost by day)		A13 HOUR	is min.
70	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN	OF WHAT COUNTRY?		ED NEVER MAR	KIEU	COUNTY OF				
-			Il.	3, A.	WIDOWI				rundel			M
	. CITY OR TOWN O			11. NAME OF HOSPITAL OR give street address)			during most	of working	(Kind of work don life, even if retired	le 12b. KINI INDUSTR	D OF BUSINE Ry	ESS OR
	Hen Burr		(6 1 2			_						
od	a, USUAL RESIDENC Imissian) STATE	Md.	eased lived, if	institution: Residence befor JNTY A • A • CO •	Glen	Burnie	YES NO	Rt.	REET AND NUMBER A	228		
14	. FATHER'S NAME	First	Mi	ddle Lost		IS. MOTHER'S MA	AIDEN NAME First		Middle		Los	st
		Un	k				Uni	k				
16	Yes You ar unknow	EVER IN U.S. A	ARMED FORCES?		Y NO. 1	7. INFORMANT			Address			
	110					Fam:	LLY		Same			
				per line far (a), (b), and (c).) 5		011	1	/		Proximate int leen onset ani	
	PART I. DE	ATH WAS CAL	JSED BY: EDIATE CAUSE (a	Carcin	mo	a or	oca	da	2.0	0.00		
-	18	8 X	,	O, OR AS A CONSEQUENCE O)F		, <		1-1-			1 -
	Conditions, if a	ny, which go		indi	Nen	undelle	ned 1	mel	estane	1		
	rise to immed	iate couse (a	1).(- 1	word	Jest 1	,		/		
	stoting the un	derlying cous	se DUE IC	O, OR AS A CONSEQUENCE C)Fe		/					
	last.		, (()								
	PART 2. OTHER	SIGNIFICANT	conditions col	NTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINA	L DISEASE OR COND	DITION GIVE	IN PART I(o)			
RO	5 1610											
CEDTICICATION	190. DATE OF OP	ERATION 1	9b. CONDITION F	ON FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES NO NO		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII CAUSES OF DEATH?		ING	
DTIC												
			210.	TIME OF INJURY R.A.M. Manth Day Yee	21c.	HOW INJURY OCC	URRED (Enter na	ture af injur	y in Part 1 or Part	2, Item 18.)		
MEDICAL	(If either, notify	medical exo	miner)	P.M.	19						3000	
8.8	21d. INJURY OF While Not	CURRED 2	le. PLACE OF IN	JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f	LOCATION Stree	t or R.F.D. Na.	City	or Town	County		State
	at wark at v	wark				2//-			1			
	22a. I certif	y that (I)	(this hospita) attended the deced	sed from-	3/4/	, 1966	_/ '		19 <u>68</u> , t	hat (I) (we) las
	saw th	e deceased	alive an	(did) (did nat) view th	_17_ <u>64</u> _, (and that in (m	y) (o ur) apinia	in death o	occurred on the	date and ho	ond t	ram th
	22b. SIGNATURE		ive, (i) (we)	(ura) (ulu nat) view ili	e bady din	er deam.			1 2	DATE CIÊNEE		
	220. 310 NB 10 KC	mail	1/1/		110	EGREE ATTENDIN	NG MED.	TOP	STAFF PHYS.	2c. DATE SIGNED	5/6	58
	22d. PHYSICIAN	'S	10	when		22e. ADD		Negal	In Sta	Tien	Barry	. 0
	NAME (Typ	e EDM	OND I	. MOUSITAI	SEK	GE	in Br	un	The ser	Ex	100	
23	a. BURIAL, CREMAT	TION, 23	b. DATE 2/28/6	23c. NAME C		OR CREMATORY	2	3d. LOCATIO	N (City or Town)	(Caunty)	(Sta	ate)
	REMOVAL (Speci	fy)	2/28/6	08 Gl	en Hav	en Cem	(Glen 1	Burnie	AA Co	M	d
3			1.1	ADDRE	SS		2Sa. REC'D BY R	EGISTRAR	25b. REGISTRA	-		
L	110 11.	1110.4	1-11-	1121111		10101	EED O .	V 400/	1 00/		100	

after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely killed in My the tadirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. at Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

, 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		02053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02040
HEALTH DEPT.		CEASED-NAME First Middle Lost 20, DATE KNOWN ST Month	Day Yeor 2b. HOUR
ge to si	(ype or Print) Jeseph. F Pal gett DEATH MATED 2	18 168 A1
ny deloy is 2, and 3 to PM3 Page portment of	3. \$	last birthday) MONTHS DAYS HOURS MIN Manth - Day	S Year 1965 A
PM3	70.	Aug. 8, 1899 6 VRS. IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	0 1960 1 1
orm e D	cour		2 N
frer deoth. Give Pages ong with for ith the Stote oth.	10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
de P with		Tack hove give street address) during most of working life, even if retired.) Postmaster	U.S. Postal
de v	13a. o	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER INSIGN MARY LAND 13k. COUNTY Arundel Fair Haven YES NO 2	
hours Item 1 Office 1 and 2 after d		ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
24 h in It r's O r's O r's O		George A. Padgett Catherine Trappe	200
within 24 pencil in caminer's le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS	
with per Exam File 1		No State of the st	Maryland APPROXIMATE INTERVAL
be executed within "pending" in pending in pending in pendinief Medicol Examine onsit permit. File pageevent within 72 hou		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e executed pending" ir ef Medicol B nsit permit. I	19	1 IMMEDIATE CAUSE (a) Sent His practice or Circle	terke
"pen "pen nief M nisit even		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
vord ' vord ' he Chi ol-troi any e	13	rise to immediate cause (a), Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
e should be e the word "per to the Chief I buriol-tronsit od in any even		last. (c)	
is certificate should to, writing the word forwarded to the C se used as o buriol-tr removol, ond in any	H	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificat , writing orwarded orwarded as c movol, or	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cicate, be for d be used or rem	TIFIC	WAS PERFORMED?	YES NO
*= -		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2; It	em 18.)
olCAL EXAMINER: se execute the certific stor. Page 4 should I ned for your files. ECTOR: Page 3 should buriol, crematian, o	MEDICAL	CAUSE OF DEATH P.M. 2/8 19 68 SELECTION SYSTEM CONTROL OF INJURY (At hame, form, street, 21f. LOGATION SySTEM CITY OF JOWN	County State
		WHILE AT WORK AT WORK AT WORK AT WORK	Me HD
L EXA ecute Poge or you R: Pog		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Y. Inquiry	ond in my opinion
executor. Poged for CTOR: buriol,	10	deoth resulted from: Mativol couses , Accident , Suicide , Homicide . Undetermined monner	ond in my opinion
pleose exploration of to but to but	13	CHIEF MEDICAL EXAMINER	
JTY TIVE TO THE STATE OF THE ST	50	SIGNATURE Turlier M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED /
	10	NAME (Type) EXAMINER'S ADDRESS(Street, city, town, or county)	1/68.
ro DEPUTY necessory, F the funerol 5 moy be r to FUNERAL Health price	22		(5)
70 + 50 +	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial Feb. 21.1968 St. Mary's Compton D	(Caunty) (State)
	24.	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 5	SIGNATURE
VR A15ME (5)	9	tillching tunual Home Owings, Marylander FEB 2 1 1968 Teles	mes Judas

COSO 3 0308L was a second of the second of the world months A. Patesta Townson March 1997 Mountain Trappe Bundered, seven this course they are a second STANDARD CHARLES A NOT STANDARD BOLL A REPORT OF THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT

DIVISION OF VITAL RECORDS 301

		CERTIFICATE OF DEATH	041
	(T	MODERT FOREST TAKMAM PED 25 60	Year 2b. HOUR
The State of the s	3. SE	19 CAU 10-11-25 last birthday) YRS. MONTHS	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN
	caun	BIRTHPLACE (State or foreign of the country? 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED FAMILY OF DEATH ANNE HRUNDE	-L Md.
0	6	Prownsville Grownsville State Hospital during mast of working life, even if retired.) INDI	USTRY Done
0	admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY BALFO COTY BALFO, YES NO 18E FAFAYOHE	, batto
1	14. F	FATHER'S NAME First Middle PARHAY IS. MOTHER'S MAIDEN HATTAE First Middle ODOH (Pachan
	16a. Y	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, grynknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 212-24-9315 BUNA HAM; LTON 18 E. L.	4 FAYETTE
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Deumonia Septilemia	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		Canditions, if ony, which gave trise to immediate cause (a), (b) Aram mediate badend	one W
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) Caremond of Cung?	150000 ?
	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
χ	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	LED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING DOK CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
		21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town Coun	sty State
		22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, saw the deceased alive an19, and that in (my) (our) opinion death accurred an the date and causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, that (I) (we) last d haur and fram the
		22b. SIGNATURE 22c. DATE SIG	GNED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within Ashaues VR A15 (4) 30M REV. 1/68

l and funera

230. BURIAL, CREMATION, REMOVAL (Specify), CHEMATION 24. FUNERAL DIRECTOR

PHYSICIAN'S NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e/ADDRESS

23d. LOCATION (City or Town)

(State) (County)

REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR DATE FEB 28 1968

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a Nathana and a state of		5/2
e jel vali		
EVEN SERVICE SERVICE		
Sand Sand		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72-hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) ~ 30M REV. 1/68

1	02055 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	
L	DIVISION OF VITAL RECORDS, 301 W. TRESTON STREET, DALIMORE, MARTEAUD 21201	
1	Parker, Rachel CERTIFICATE OF DEATH	02642
1.	DECEASED-NAME (Type or print) Racheh Middle PARKER 20. DATE OF DEATH Feb Month/8 Day	Seven 25. HOUR 653 M
3.		IF UNDER I YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN
70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PARME AFTURIOR	6L Md.
1	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most af warking life, even if retired.) The Burne - md give street address) Plaza Manor Corvo lagar + Clome Stice	12b. KIND OF BUSINESS OR INDUSTRY
00	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ISL SITY OR TOWN TISE INVOICE STREET AND NUMBER Missian) STATE NOTE - Market Polis - Market Poli	11e St
	FATHER'S NAME First Middle Darks Is. MOTHER'S MAIDEN NAME First Middle 10	lest-
1	Sa. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) YES, na, ar unknawn) (If yes give war or dates of service) YES 218-12-1924 17. INFORMANT Mrs G-19/10 P. H. M.	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH SUMMER CALL LEWISCAL CALL ACTUAL CALL
	stoting the underlying cause (a), (c) Cararo las euler Hypertanes Hearland	Muknou
100	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CCDTICICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON YES NO	ISIDERED IN CERTIFYING
MCDICAL CO	Great Contributing Cause of Geath Hour A.M. Month Day Year P.M. 19	m 18.)
244	While of work of work of work	County State
ı	22a. I certify that (I) (this haspital) attended the deceased fram 10-12, 19-67, ta 2-18-, 19-68, and that in (my) (aur) apinian death accurred an the date causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, that (I) (we) last and haur and fram the
	Rachard H. Heurt DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	TE SIGNED
		rnie, med
23	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23t. LOCATION (City or Town)	(County) System

FUNERAL DIRECTOR ADDRESS 1968 2Sb. REGISTRAR'S SIGNATURE 24. 2Sa.

02056 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02943		0	2	1	4	3	
-------	--	---	---	---	---	---	--

1. DECEASED-NAME (Type or print)	First	Middle	Lost	2a. DATE OF	Month Do		2b. HOUR	
3. SEX	furiel 4. RACE	Y. Peters.	S. DATE OF BIRTH		6. AGE (In years	1968 IF UNDER 1 YEAR	5:20 M	
					last birthday)	MONTHS OAYS	HOURS MIN.	
Fema. e 'a. BIRTHPLACE (State or fo	Negro Treign 7b. CITIZEN OF WHAT		1-26-36	9. COUNTY OF	32 YRS.			
country)	reign 70. CITIZEN OF WHAT	MAKKILI	NEVER MARRIED	7. COUNTY OF	PEAIN			
A.A. Co Mc		WIDOWE		A. A.	(M: 1 - 6 1 - 1	Tank Marin or	Md.	
10. CITY OR TOWN OF DEAT Glen Burni	give stree	of Hospital or Institution (If In address) th Arundel Ho	during r		(Kind of work done ife, even if retired.)	INDUSTRY.	BUSINESS OR	
3a. USUAL RESIDENCE (Who	ere deceased lived, if institution:	Residence before 13c. CITY (OR TOWN 13d. INSIDE CITY		EET AND NUMBER		Page 15 mg	
odmissian) STATE	13b. COUNTY	Glen	Burnie YES	NO P. (Box 345	5 2	21061	
14. FATHER'S NAME Fit	st Middle NNETH FISHER	Lost	15. MOTHER'S MAIDEN NAME PICC		Middle V.	CER	lost PHAS	
Yes 1900 unknown)	N U.S. ARMED FORCES? (If yes give war or dates of service)		. INFORMANT Rev. Wm. Pe	ters	Box 292	Solly	Rđ.	
18. CAUSE OF DEATH W	(Enter anly one couse per line f /AS CAUSED BY: IMMEDIATE CAUSE (a)	ar (a), (b), and (c).)	lenzive	Caro	40		IMATE INTERVAL ONSET ANO DEATH	
Canditions, if ony, wh	uich gave) ouse (o),	0	oular	di se	ese			
stating the underlyin	(c)	CONSEQUENCE OF						
442 X	ICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	R CONDITION GIVEN	IN PART 1(o)			
190. DATE OF OPERATIO	N 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	CALICEC	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING	
210. ACCIDENT WAS USED OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH HOUR AM.	JURY Manth Day Year 19	HOW INJURY OCCURRED (Ent	ter nature of injury	y in Part 1 ar Part 2,	Item 18.)		
While Not while at work	OFF	HOME, FARM, STREET, FACTORY.) 21f.			or Town	County	State	
22a. I certify the saw the dec causes state	22a. I certify that (I) (this hospital) ottended the deceosed from 2/24, 1968, to 2/25, 1968, that (I) (we) last saw the deceased alive on 2/25, and that in (my) (aur) apinion deoth occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter deoth.							
22b. SIGNATURE	Glew Xx	Inso MA	11113:	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	68/	
22d. PHYSICIAN'S NAME (Type)	Guillermo S. I				nch Road,	Glen Bu	urnie,Md	
230. BURIAL, CREMATION, BENOVAL Sperify)	23b. DATE 3-4-68	23c. NAME OF CEMETERY OF Balto. Na	t'1 Cem.	23d. LOCATION Bal	N (City or Town) timore,	(County) Mar	yland	
24 FUNERAL DIRECTOR		ADDRESS	2So REC'D	BY REGISTRAR	2Sb. REGISTRAR	SIGNATURE		

F.H. 1701 Laurens Street BAMAR

VR A15 (4) 3 30M REV. 1/68

MORTON

8

DYETT

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funerol adirector, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbor, pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 may be retoined by the hospital or attending physicion.

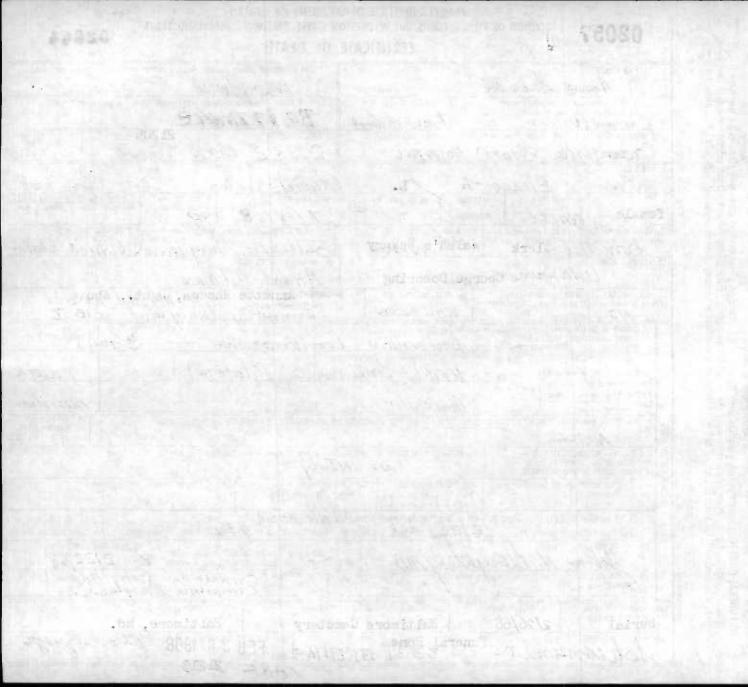
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02044

		CERTIFICATE	OF DEATH			
	COUNTY ANNE Arun del	MARYLAND	2. USUAL RESIDENCE (Whe		DUNTY 27 5	before admission)
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	7 ms 18 days		MOVE		
	NAME OF HOSPITAL OR INSTITUTION (If not in h Crownsulle State	Huspital	d. STREET ADDRESS 2733 E.	Chase St	105	e. IS RESIDENCE ON A FARM? YES NO
	AME OF First ECEASED (ype or print) E/12466		Placiale 4	OF DEATH	onth 2	Doy Year 22 1968
	emale White wi	OWED DIVORCED	8. DATE OF BIRTH 7/18/08	9. AGE (In years last birthdoy) 9. Yrs.	Months D	Doys Hours Min.
dur	USUAL OCCUPATION (Give kind of work done g most of working life, even if retired)	Nal States Bakery	Baltimore, 14. MOTHER'S MAIDEN NAM	Mary Par	COUN	TEN OF WHAT NTRY? TED STATES
	UNKNOWN Geo		ANNO G	ilman	Hards and	
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of servi	unknown	0,000,0016	Rhodes, De	110	1032
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).) Dulmonary	Consolidation	n	3 da	ONSET AND DEATH
	Conditions, if ony, which gove (b) —	Vival preu	monia, Bile	ateral		1 week
	last. (c)	Malnutrition	THE TERMINAL DISTAGE COMPLETE	TION ONEN IN DARK 14		Menth
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL					19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Jury		3.16	
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19	While of work Not While of work	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)		
	21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from 2 2/22 1968, and tha	t death occurred at 9	to	es and an the	
	220. SIGNAFORE John H. Dane	entery MD M.		D. STAFF PHYS.		22/68
	22c. PSYSICIAN'S MAME (Type)	1	Cr	musully M	State H	
	BURIAL, CREMATION, 23b. DATE THEREOF 2/26/68	23c. NAME OF CEMETERY OR Baltimore Ce	metery	23d. LOCATION (City or Bal timore	, Md.	County) (Stote)
24	FUNERAL DIRECTOR	uneral Home	FHMS DATE FEE	126 1968 sb.	KOS TEARS SIG	to Judge

LAND



MARYLAND STATE DEPARTMENT OF HEALTH

DI MARYLAND 21201

/ISION	OF	VITAL	RECORDS,	301	W.	PRESTO	N ST	REET,	BALTIMORE,	N
				FR	TIF	CATE	OF	DFA	TH	

CERTIFICATE OF DEATH			020	4.5
lost Reid	2a. DATE OF DEATH	th 8 Day	, 68	2b. HOUR
S. DATE OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

1968

	ECEASED-NAME	First		Middle		Last		2a. DATE OF				2b.	HOUR
(1	(ype or print)	T	Leroy	~ R		Reid			Month	8 Day	68	6	PM
3. SE	X		4. RACE	1/0		S. DATE OF B			6. AGE (In ye		IF UNDER 1 YEAR		R 24 HRS.
	Male		1 87	Negro		2	/28/95		lost birthdo	Y) YRS.	MONTHS DAYS	HOURS	MIN.
	BIRTHPLACE (State or forei	gn	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRI	ED 1 NEVER MAI	RRIED 9.	COUNTY OF	DEATH				
COUL	Unknov	m	USA	P. Trichell	WIDOW		RCED 🗌	Anne	Arund	el		36	Md.
10. (C)	TOWN OF DEATH			ME OF HOSPITAL OR INS treet address) OWNSVILLE					(Kind of work life, even if re		12b. KIND OF INDUSTRY None	BUSINES	S OR
	USUAL RESIDENCE (Where ission) STATE Not-known	MI	13b, COUNTY	an: Residence before		or town	YES NO	_	N. Mu		ry Str	eet	BAlt
14.	FATHER'S NAME First		Middle	Last	-	15. MOTHER'S M	AIDEN NAME Firs	t	Mi	ddle		Lost	
	Lero	V		Reid			Ro	sa				Rei	d
	WAS DECEASED EVER IN U	J.S. ARMI		16b. SOCIAL SECURITY		7. INFORMANT			Add	dress			
7	(es, na, ar unknawn) (If JNKNOWN	yes give wo	r or dates of service)	Unknown	5.5	Hospit	al Reco	rds. C	rownsv	ille	Maryl	and	
	1B. CAUSE OF DEATH (I		BY: TE CAUSE (a) P	neumonia,							APPROX	IMATE INTER ONSET AND	
	Conditions, if any, which			S A CONSEQUENCE OF		7.		3:	0.50				
	rise to immediate caus		1 /	terioscler	OFIC	cardio	vascula	r dise	ase	-			
	stating the underlying		DUE TO, OR A	S A CONSEQUENCE OF									
	last. 1 2 2	,	(c)										
8	PART 2. OTHER SIGNIFICA	ANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	IL DISEASE OR COM	NDITION GIVEN	IN PART 1(o)				
NO	Uremia: Cl	aron	ic brain	syndrome									
CERTIFICATION	190. DATE OF OPERATION	19b. C	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FIN OF DEATH?	DINGS CO	ONSIDERED IN (ERTIFYIN	G
MEDICAL CERT	21o. ACCIDENT WAS UN OR CONTRIBUTING CAUSE (If either, notify medical	SE OF DEATH	HOUR A.M.	INJURY Manth Day Yeor		HOW INJURY OC	CURRED (Enter n	nature af injur	y in Part 1 or	Part 2, I	tem 1B.)		
ME	21d. INJURY OCCURRED While Nat while at work		FELICIE	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town		Caunty	í	State
4	22a. I certify that- saw the deced couses stoted	sed ali	ive an	ended the deceose 0 1 (did nat) view the	9.68	and thot in <u>(m</u>	, 19 <u>_6</u> ; <u>,</u> (our) apini	7_, ta ion death c	/8 occurred on	the do			
	22b. SIGNATURE	W	lulle	25	D	EGREE PHYS.	NG MED	D. ECTOR IX	STAFF PHYS.		ATE SIGNED 1/9/68		
- 6	22d. PHYSICIAN'S	/			141	22e. ADI	ORESS					91 E)	
2	NAME (Type)	L. B	enedict,	M.D.		Cros	msville	State	Hospi	tal.	Maryl	and	
23a.	BURIAL, CREMATION,	23b. D	ATE 16		CEMETERY	OR CREMATORY	20	23d LOCATIC	N (City or Tow	(n)	(County)	(Stat	e)

ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 moy be retained by the haspital ar attending physician.

VR A15 (4)17 30M REV. 1/68

24 FUNERAL DIRECTOR

至2018年 1,09 61 Commence of the commence of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Film G398 2/28/68 kdc CERTIFICATE OF DEATH CERTIFICATE OF DEATH

02046 Middle Last 2a. DATE OF DEATH DECEASED-NAME First (Type or print) REILLY 1968 William Edward February 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNCER 24 HRS 3. SEX 6. AGE (In years last birthaay) MONTHS 9/7/1899 white male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED

Baltimore U.S.A. DIVORCED [Anne Arundel WIDOWED [7] 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

12b. KIND OF BUSINESS OR INDUSTRY ROD t. give street address)
Anne Arundel Gen. Hosp Ship Runner-checker Heard AnnapolisarMd.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWNME 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO Sc

odmission STATE 7A. Manhattan Beach, Severna Park 14. FATHER'S NAME First Middle last IS MOTHER'S MAIDEN NAME First Mary Knouse Reilly, Sr. Wm. E. 17. INFORMANT 4328 Plainfield AANE. 16h, SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

(If yes give war or dates of service) Yes, no, or unknown) Gloria Buchheister.dght. -07-9455 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave 1 rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10.

206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION CAUSES OF DEATH?

NO Z YES [ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY

HOUR A.M. OR CONTRIBUTING CAUSE OF OEATH Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY County City or Town

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while at wark 1000 to rep. 220. I certify that (1) (this haspital) attended the deceased from

and that in (my) (aur) opinion death accurred on the date and hour and fram the saw the deceased alive on cooses stated above (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED

22b. SIGNATURE MD **ATTENDING** MED. DIRECTOR PHYS. 22e. ADDRESS.

22d. PHYSICIAN'S Franklin St., Annapolis, Md. Osius. M. D.

23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BREMOYAL (Specify) 2/13/68 Md.

FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331 Brehms Lane

Glen Haven Mem. Park Baltimore. FEB 2 0 1960 25b. REGISTRAR'S SIGNATURE State

(Stote)

and funeral requires that the death certificate be executed within 24 haurs burial, crematian, ar remaval, and in any event, within 72 pape sician and campletely filled please remave carban pape physician c þ Page 4 may be retained by the haspital or attending physician. as the O FUNERAL DIRECTOR: After this certificate has been of Health p State Dept. ATTENDING directar, page 3 shauld be filed v

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CER	TIE	CATE	n	F	DEA	TH

FICATE	OF	DEATH		0	20	4	704
Loc	4		20 DATE OF DEATH				12

				481111111	0. 0.				U. J. 37	- 8	
1. DECEASED-NAME (Type or print)	First	11000	Middle		Last		2a. DATE OF D	EATH Month	Day. Yeas		HOUR
	Santa			Rom				2		686:	10M
3. SEX		4. RACE			S. DATE OF BIRTH		1	6. AGE (In years	MONTHS DAY		R 24 HRS.
Femal		White			11-1	-88		last birthday)		Haoks	1
7a. BIRTHPLACE (Sto	te ar fareign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIEI	D 9	COUNTY OF D	DEATH			
It	aly	U.S.		WIDOWED 2			Anne A	rundel			Md.
10. CITY OR TOWN O			et address)					Kind af wark dan fe, even if retired		OF BUSINES:	S OR
13a. USUAL RESIDEN	CF (Where decea	sed lived, if institution				INSIDE CITY LIMI		ET AND NUMBER			
admissian) STATE	Maryla	nd Ann	e Arun	del Pa	sadena	S NO	Out.	ing Av	e. &20	7th	St
14. FATHER'S NAME	First	Middle	Last		MOTHER'S MAIDE			Middle	c. dec	Inst	00,
	Caravan		6001	,,,,	Marv			, , , , , , , , , , , , , , , , , , ,		100	
16a, WAS DECEASED	EVER IN U.S. ARI		6b. SOCIAL SECURITY	(NO. 17. II	IFORMANT			Address			
Yes, na, or unkno	wn) (If yes give	war or dates of service)	15-14-	6077	Dotion	+= (1)	homt				
		nly ane cause per line			Patien	LS U	lall		APPRO	XIMATE INTER	RVAL
	EATH WAS CAUSE	D BY:	rar (a), (b), and (c	Pa		6.7:			BETWEEN	ONSET AND	DEATH
Enn	IMMEDI	ATE CAUSE (a)	ing	gan	aner	na	7		42.00	wi	1
Canditions	any, which gave:		A CONSEQUENCE O	F							
rise ta imme	diate cause (a),	(b)		_							
	nderlying cause	DUE TO, OR AS	A CONSEQUENCE O	-							
last.	CIONIFICANT CO	(c)	10 70 051711 0117	NOT DELLETED TO	THE TENNENS OF	CT1 CT 00 CO	HEITICH CHEN	IN DIDT 1/ 1			
	July	nditions <u>contributing</u>	arte	NOT RELATED TO	en To	SEASE OR CO.	eant	dize	20		
19a. DATE OF O 2 - / O 21a. ACCIDENT		CONDITION FOR WHICH	13 . /	PERFORMED	20a. AUTOPSY	?		ES, WERE FINDING	S CONSIDERED IN	CERTIFYIN	IG
E 2-10	-68	Cancel	alitis		YES 🗌	NO DO		OF DEATH?			
	WAS UNDERLY!	TH HOUR A.M.	NJURY Manth Day Yea	21c. HO	W INJURY OCCURE	RED (Enter 1	nature af injury	in Part 1 ar Part	2, Item 18.)		
OR CONTRIBUT	fy medical exami			19 215 LO	CATION Street or	DED No	fity a	r Tawn	Caunty		State
While No		PLACE OF INJURY (A	FFICE BUILDING, ETC.	211. 10	CATION SHEET OF	K.F.D. NG.	city a	Idwii	county		Jule
	wark (1) (4)	:- L'A-I\ -44	ded all enderse	1 1	-10	10/2	0 , to 2	-11	10 6 8 Ab.	A /II /	> 1
sow t	ne decensed of	nis hospitol) otten	ded the deced	19 ond	that in (my)				19 <u>68</u> , the	r and fre	om the
couse	stoted obov	e, (1) (we) (did) (d	id not) view the	body ofter d	eoth.	(our) opin	1011 4 60111 0 6	corred on the	core ond noo	i one iii	OIII III 6
22b. SIGNATUR	EG//	1 1		1.0	ATTENDING	1 445	0		2c. DATE SIGNED		
	17,00	n. 472		M. DEGRI	ATTENDING PHYS.	DIR MEI	ECTOR	STAFF PHYS.	2-1	1-6	8
22d. PHYSICIA NAME (Ty		entine	9		22e. ADDRES	s (
23a. BURIAL, CREMA	TION, 23b.	DATE	23c. NAME O	F CEMETERY OR	CREMATORY		23d. LOCATION	(City ar Tawn)	(Caunty)	(State	e)
REMOVAL (Spe	cify)	2-14-1968	Holv	Cross C	emetery			Hgwy.		,	,
24. FUNERAL DIREC		22 4700	ADDRES			a. REC'D BY	REGISTRAR	2Sb. REGISTRA	R'S SIGNATURE		-
		1				-	n et 46	and are	10.000	M	COn.

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Poshould be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hour

George J. Gonce-4001 Ritchie Hgwy., Baltimore

DATE FEB 1 5 1968

RAP'S SIGNATURE

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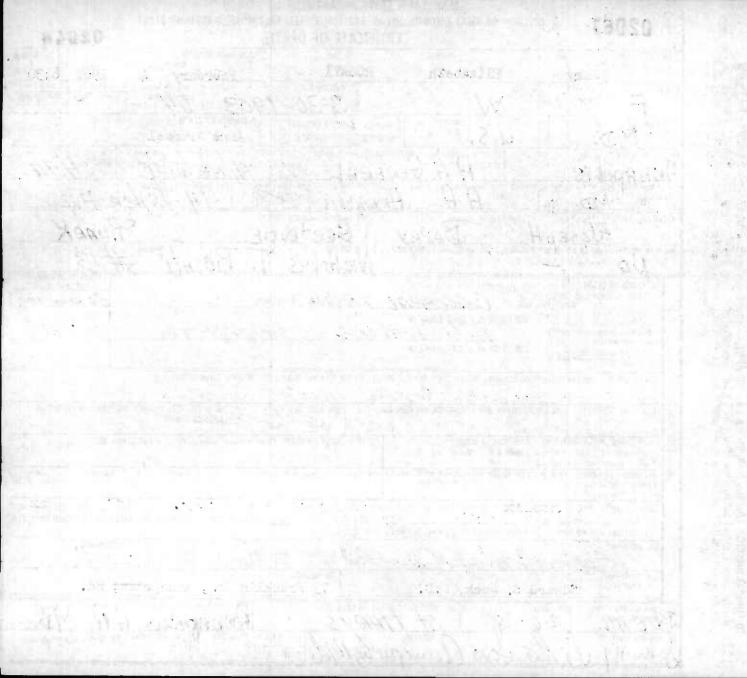
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02061 CERTIFICATE OF DEATH 0204% Middle 2o. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR A (Type or print) ROSATI Elizabeth Mary Februar 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 3. SEX 6. AGE (In years las bigthylay) DAYS event, within 72 hours 9. COUNTY OF DEATH attending physician and campletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Anne Arundel WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if refred.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before CITY OR TOW 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY crematian, ar remaval, and in any 14. FATHER'S NAME Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no o unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) burial-transit p Canditians, if any, which gave rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ificate has been s far use as the k f Health prior tab 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO W YES 🖂 O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark at work 22a. I certify that (I) (this project) attended the deceased fram 10. 14 m, 1968, ta 4 FBB saw the deceased alive an 4FEB _1968, and that in (my) (own) apinian death accurred an the date and have and from the 3 shauld by with the S causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE directar, page 3 shauld be filed w DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 73 Franklin St., Annapolis, Md. Edward S. Beck, M.D. BURIAL, CREMATION

ADDRESS

FUMERAL DIRECTOR

2Sa. REC'D BY REGISTRAR

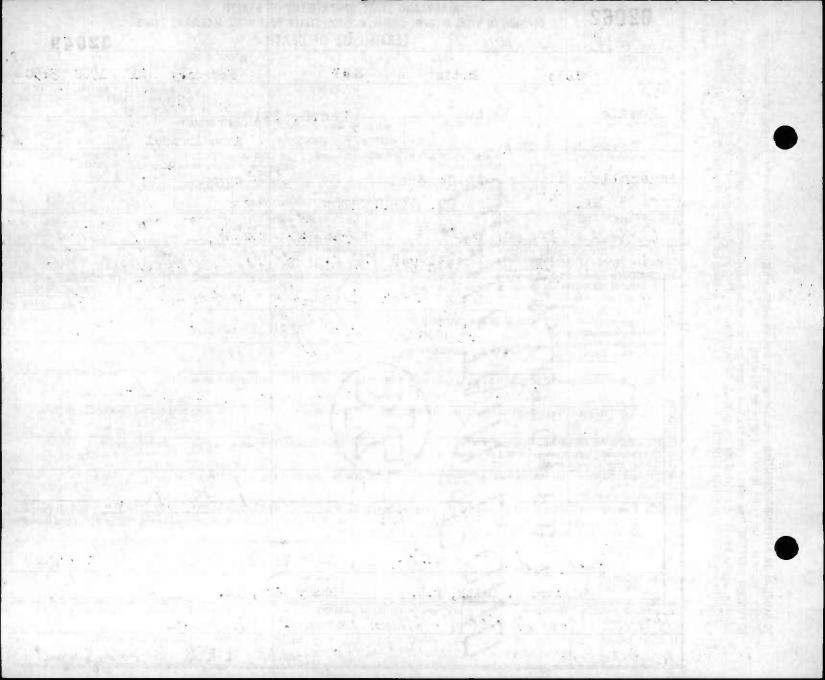
REGISTRAR'S SIGNATURE



02062 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02049 Item 6 Film G398 3/6/68 DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR P low requires that the death certificate be executed within 24 hours after death. death 1 and (Type or print) 1988 SAPP Lois Martin :50 February 6. AGE (In years IF LINDER | YEAR 3 SEX 4. RACE S. DATE OF BIRTH IF LINDER 24 HRS DAYS HOURS Female White 197 COUNTY OF DEATH Dec.5 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED ve corbon papers. event, within 72 ho ond completely filled in country) WIDOWED [DIVORCED [Anne Arundel Texas 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even tretired.)
TELF
13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER give street oddress) INDUSTRY hen pleose remove corbon Annanolis

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN admission) STATE 13b. COUNTY CHURCHTON ond in ony 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) cremation, or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT permit. IMMEDIATE CAUSE (o) Conditions, if ony, which gove) buriol-tronsit rise to immediate couse (a). by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed t buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN: PART 1/20) r this certificate has been si detached for use os the b te Dept. of Heolth prior to b Poge 4 moy be retoined by the hospitol or attending 19o. DATE OF OPERATION 20b. IF YES, AWERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The NO [YES 🔲 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy be detached f State Dept. of l (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICTAN'S 22e. ADDRESS NAME (Type) Willard Shady Side. Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a_BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) NATIONA 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATEMAR 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



WIDOWED [

ARMY HOSPITAL

Laurel

17 INFORMANT

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

Lost

Sawver

IMMEDIATE (AUSE (a) Acute Myocardial Infarction

16b. SOCIAL SECURITY NO.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Doy Year

21b. TIME OF INJURY

HOUR A.M.

Middle

G.

CERTIFICATE OF DEATH

8. MARRIED NEVER MARRIED

SAWYER

1 ost

S. DATE OF BIRTH

SEPT 9.1903

DIVORCED [

15. MOTHER'S MAIDEN NAME First

13d INSIDE CITY LIMITS?

Alma Haines

806 Kay Court

Address

Marion Sawyer, (same as 13 a & 13 BETWEEN ONSET AND DEATH

(h) Arteriosclerotic Heart Disease

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20o. AUTOPSY? NO [

20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

22a. I certify that (1) (this haspital) attended the deceased from 24 Jan , 19 60 , ta 16 Feb , 19 68 , that (1) (we) last saw the deceased alive on 16 Feb , 1968 , and that in (my) (aur) apinian death accurred an the date and haur and from the

PHYS

YES X

City or Town

County

State

(County)

causes stated abave, (1) (we) (did) (did nat) view the bady after death. ATTENDING

MED. DIRECTOR

23d. LOCATION (City or Town)

22c. DATE SIGNED 16 Feb 1968

22e, ADDRESS KIMBROUGH ARMY HOSP, FT MEADE, MD

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

LE LINGER 1 YEAR

Month

6. AGE (In years

lost birthdoy)

20. DATE OF DEATH

FEB

9. COUNTY OF DEATH

ANNE ARUNDEL

13e. STREET AND NUMBER

02654 2b. HOUR

12b. KIND OF BUSINESS OR

INDUSTRY U.S.Army

3 weeks

30 yrs

6:20 N

02063

First

FREDERICK

4 RACE

USA

1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

None

22d. PHYSICAN'S NAME (Type) JOHN J. ROTHCHILD, CPT, MC,

WHITE

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN

7b. CITIZEN OF WHAT COUNTRY?

DECEASED-NAME

(Type or print)

MALE

7o. BIRTHPLACE (State or foreign

FT GEO G MEADE, Md.

larvland

First

Walter

16g WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove)

rise to immediate couse (a).

stoting the underlying couse

21o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF OEATH

(If either, notify medical examiner) 21d. INJURY OCCURRED

190. DATE OF OPERATION

None

While Not while of work

22b. SIGNATURE

BURIAL, CREMATION

REMOVAL (Specify)

MASS.

10 CITY OR TOWN OF DEATH

Yes, no, or unknown)

14. FATHER'S NAME

3. SEX

country)

remove signed by the attending physi burial-tronsit permit. Then pl burial, cremotion, or removol, 00

the deoth certificate be executed within

by the hospitol or ottending O FUNERAL DIRECTOR: After be retoined director, poge should be filed

VR A15 (4) 30M REV. 1/68

FUNERAL DIRECTOR

25b. AGISTRAR'S SIGNATUR

CALLES TO COMPARE A THE RESIDENCE OF THE PARTY OF THE PAR 02050 ic : (: ! ... er a tent in the contract of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02064 02654 CERTIFICATE OF DEATH 20 DATE OF DEATH

(Type or print) SUSIE	T. S	CHEEL				Fel	bruar	Month 4 De	oy 19681		Md. Md. OWn
3. SEX	4. RACE			S. DATE OF BI	RTH		6. /	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24	
Female	Wh	nite		July	28, 1	L871	lo	96 YRS		HOURS	MIN.
	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUN	ITY OF DEA	TH			34.1
New York	U.S						Anne .	Arundel		ie ITA	Md.
10. CITY OR TOWN OF DEATH Linthicum		et oddress)								F BUSINESS C	R
13o. USUAL RESIDENCE (Where deceosed odmission) STATE Maryland	13b. COUNTY	: Residence before	13c. CITY OF	TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET	AND NUMBER			
14. FATHER'S NAME First	Middle	Lost	1:	. MOTHER'S M.	AIDEN NAME	First		Middle		Lost	
Peter R	einig				Bar	bara	Bie	rner			
16o. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (II yes give war	D FORCES? or dates of service)	Sb. SOCIAL SECURITY N			ille E	H. Sc	heel,	Address 48 S		Kutzto Pa.	own
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATI	one couse per line BY: E CAUSE (o)	for (o), (b), and (c).)	-0	axe	ula	11	Déa	lere	BETWEEN	- /	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS	White S. DATE OF BIRTH July 28, 1871 S. COUNTY OF DEATH July 28, 1871 S. COUNTY OF DEATH Anne Arundel	- 154	<u>-</u>							
lost.	(c)										

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO IN YES [

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)

AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while at work

22a. I certify that (I) (this haspital) attended the deceased fram. and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated obove, (I) (we) (did) (did nat) view the body after death.

Stote

22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE PHYSICIAN'S

203 W. Maple Rd., Linthicum, Maryland NAME (Type) Dr. Charles L. Ball, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 230. BURIAL, CREMATION, (County) (Stote)

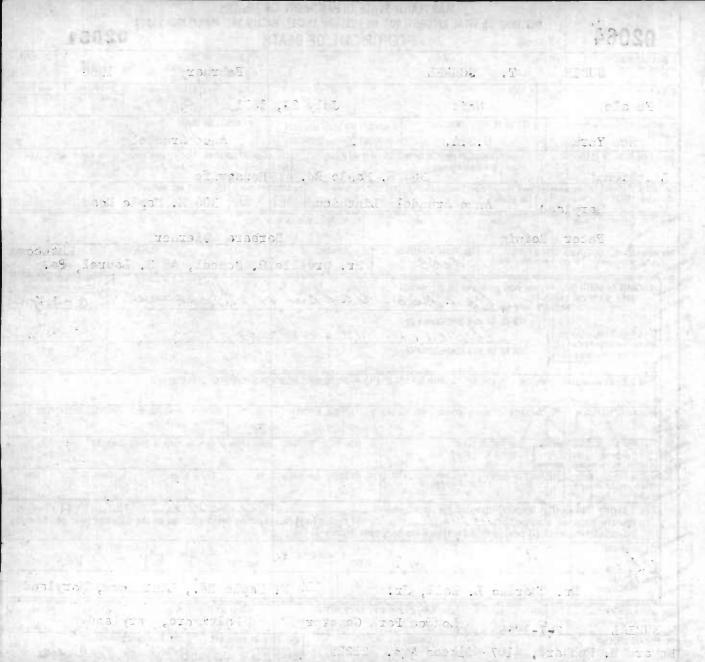
Baltimore, Maryland REMOVAL (Specify)
BURTAL Loudon Park Cemetery 2-7-1968 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 21229 Howard H. Hubbard, 4107 Wilkens Ave. Cliantes DATEFEB

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth within 22-hours att papers. signed by the attending physicion and campletely fit burial-transit permit. Then please remove corbon p or removal, and in any event, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires in Page 4 may be retained by the hospital or ottending physician director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been

CERTIFICATION

1 DECEASED-NAME

VR A15 (4) 30M REV, 1/68



24 hours after deoth

and in any event

the ottending physician and commit then please remove

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execut

MARYLAND STATE DEPARTMENT OF HEALTH

UZU		DIVISION	OF VITAL RECORD		. PRESTON STREET, BAY		ARYLAND 21201	0205	52
DECEASED-NAME (Type or print)	First Margai	ret	Middle H •	Sc	Lost chwarzwaelder				2b. HOUR
3. SEX Female		4. RACE	White		S. DATE OF BIRTH Oct. 22,	L898	6. AGE (In years last pirthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
7a. BIRTHPLACE (Stote country) Maryla	or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRI WIDOW	IED NEVER MARRIED DIVORCED DIVORCED				٨
10. CITY OR TOWN OF Gibson I	OEATH		11. NAME OF HOSPITAL OR give street oddress)					12b. KIND OF INDUSTRY	BUSINESS OR
130. USUAL RESIDENCE odmissian) STATE MATY	(Where decease land	ed lived, if i 13b. COU	nstitution: Residence befor				STREET AND NUMBER ibson Islan	d, Md.	
14. FATHER'S NAME	First Charles		didle Lost dward Holb		15. MOTHER'S MAIDEN NAME Elizal		Middle Rachel Jon	es	Last
16a. WAS DECEASED E Yes, no, or unknow		MED FORCES? var ar dates of sen	16b. SOCIAL SECURIT 238-48-2		17. INFORMANT Mr. Christian	n Schwa	Address rzwaelder s	ame add	lress_
	DEATH (Enter on ATH WAS CAUSEI IMMEDIA	D BY: ATE CAUSE (a)	per line far (a), (b), and (b), AR AR A CONSEQUENCE (OF HY	POXIA	20. DATE OF CEATH 2/1.5/68 6. AGE (In year last birthday) 9. COUNTY OF DEATH A A County 120. USUAL OCCUPATION (Kind of work during mask of working) if a even if ret INSIDE CITY LIMITS? 130. STREET AND NUMBE 1 NAME First NAME First Name Rachel			HA

rise to immediate couse (a) stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

2011			
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
NONE		YES NO NO	CAUSES OF DEATH?
21a. ACCIDENT WAS UNDE	RLYING 21b. TIME OF INJURY — 21	1c. HOW INJURY OCCURRED (Enter nature of	of injury in Part 1 or Port 2, Item 18.)
OR CONTRIBUTING CAUSE C	DF DEATH HOUR A.M. Manth Day Year		

(If either, notify medical examiner) 21d. INJURY OCCURRED

(AT HOME, FARM, STREET, FACTORY,)

SCHME155ER

21f. LOCATION Street or R.F.D. No.

and that in (my) (ear) opinion death occurred an the date and haur and from the

County

State

While Nat while at work

21e. PLACE OF INJURY

City or Tawn

22b. SIGNATURE

BURIAL, CREMATION

REMOVAL (Specify)

CERTIFICATION

22a. I certify that (I) (this hespital) attended the deceased from FES sow the deceased olive on FES 19 6 3 and that sow the deceosed olive on. causes stated abave, (1) (we) (did) (did not) view the bady after death.

ATTENDING PHYS. DEGREE

22e. AODRESS

MEO. OIRECTOR

19 68, to

22c. DATE SIGNED

PHYSICIAN'S NAME (Type)

23a.

ERHARD 23b. DATE

6

23c. NAME OF CEMETERY OR CREMATORY

SKYWATER RD. GIBSON 23d. LOCATION (City or Town)

(County)

(State)

VR A15 (4) 30M REV. 1/68

director, page 3 should be detached for use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremotion, or removal,

TO FUNERAL DIRECTOR: After this certificate has been signed by

Poge 4 moy be retoined by the hospital or ottending physician.

FUNERAL DIRECTOR

92020 Deputy of the same of Same the providing place of 2. (Charles on the court of the opening of The state of the s Karangan dan kempadan dan kempadan dan kempadan dan kempadan dan kempadan dan kempadan dan dan dan dan dan dan

and grant and an army the second process of an army all all and are

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02066 CERTIFICATE OF DEATH 02053 20. DATE OF DEATH DECEASED-NAME 2b. HOUR First Middle Month (Type or print) M. Seitler Agnes Feb. DN the fune by Me ic Pages 1 S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. 4. RACE Offer Female Cauc. last birthday) 14 Dec. 1915 papers. Pag hin 72 haurs o 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haur 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED physician and campletely filled in Anne Arundel County WIDOWED [DIVORCED | Baltimore within 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) North Arundel **INDUSTRY** Glen Burnie Terk Dent 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Box 690 Leymar Road Md. in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Polley Sr Schultz. Thomas Agnes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 215-40-9178 Mr. C. Melvin Seitler (HVsband) Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendi burial-transit permit. burial, crematian, ar re IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190_DATE OF OPERATION CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH detached f te Dept. af I (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22c. DATE SIGNED 22b. SIGNATURE DEGREE 2-21-68 DIRECTOR PHYS. Arunder medical Bidg 22e. ADDRESS North 22d. PHYSICIAN Alvarez NAME (Type) Glen Burnie, M+ director, shauld b 23d. LOCATION (City or Town) 23h, DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION,

ADDRESS

Home

Glen Burnie, Md. DATEFFB

Glen Haven Memorial Pk. Glen Burnie, Maryland

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(Change &)

VR A15 (4) 30M REV. 1/68 REMOVAL (Specify)

Sinoleton Guneral

24. FUNERAL DIRECTOR

funeral and 2 24-hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Agges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR AIS (4)

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION O	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAN
02067	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	02054

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY APPLIAND APPLIAND
Anne Arundel MARYLAND	a. Maryland b. COUNTY Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Glen Burnie 3 Days	Severna Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
North Arundel Hospital	352 Earleigh Road ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Baby Boy Smit	ith DEATH Feb. 22 1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 19 ACE (In years FIINDER 1 YEAR FIINDER 24 HRS
177.21	Feb. 19, 1968 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
	Maryland - A.A. Co. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick James Smith	Arlene Thelma Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Same as # 2
NONE E	ederick J. Smith (Father)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respirator	Alshess hyndrome.
77/7	
Conditions, If any, which \ Conditions Con	4
gave rise to immediate (b)	k.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO []
20a, ACCIDENT WAS UNDERLYING 17 20b, DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MEDI (Enter notation of injury in Face For Face it of Item 201)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	2/19/ 1968 to 2/22/ 1968 that (1) (we) last
	death occurred at 330 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
alley 9. Wolins M.D	
22c, PHYSICIAN'S	22d. ADDRESS Glen Burnie, Md.
NAME (Type) Dr. A. Wolins	325 Hospital Dr. Medical Arts Bldg.
REMOVAL (Specify)	
24. FUNERAL DIRECTOR ADDRESS.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Singleton Suneral Home/Glen Burnie, Md	DATE FEB 27 1968 4 CHARLES 11
K Heit P. (I) a. a.	DATE

A THE RESERVED AND THE PARTY OF USER I C Bern St. St. Mar. Planting telephone but his minutes.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

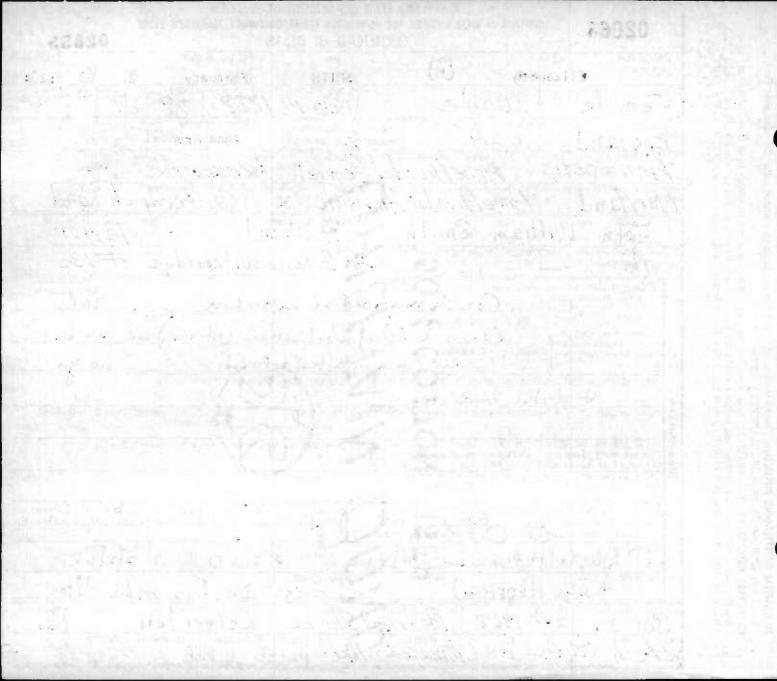
CERTI	FICATE	OF D	EATH	

02655

1. DI	ECEASED-NAME	First	Middle		ast	2o. DATE	OF DEATH			2b. HOUR
(1	Type or print)	Elizabeth	(M)	SM	ITH	Febr	Month	Doy	Year 68	9:28A
3. SI	Female	4. RACE	hite	S. DA	TE OF BIRTH	888	6. AGE (In years	YRS. IF UND	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (Stote or 1	d US	A	VIDOWED 🔀	DIVORCED	Ann	e Arundel			M
10. 0	TON 2 F	olis &	NAME OF HOSPITAL OR INSTITUTE OF THE PROPERTY	110	during of). KIND OF B DUSTRY	USINESS OR
13a adm	JUSUAL RESIDENCE (WI	13M COUNTY	utian: Residence befare / 13	PITY OR TOWN	. /	LIMITS? 13e.	STREET AND NUMBER	rich	Roa	d
14. 1	JOHN FATHERS NAME	irst William	Smith	IS. MQI			Midd	lle Ta	4/0.	Lost
160. Y	WAS DECEASED EVER Yes, ng, wunknown)	IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	Mrs.	G. Keith	With			=/3	2
	18. CAUSE OF DEAT PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sunta muy	Joeand	ial infa	retier	~			
	Canditions, if ony, we rise to immediate a stoting the underly last.	hich gave)	AS A CONSEQUENCE OF		by fruction	mosin	stenen of a	and C	18h	M !
~	PART 2. OTHER SIGN	A 1	4	ELATED TO THE	TERMINAL DISEASE OR	CONDITION G	IVEN IN PART 1(0)		9	
CERTIFICATION	19a. DATE OF OPERATI			RMED 2		CAL		NGS CONSIDE	RED IN CER	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	cause of DEATH HOUR A.M dicol examiner)	. Manth Day Year	1			njury in Part 1 ar Pa	ort 2, Item 18	8.)	
W	21d. INJURY OCCURR While Nat while at work at wark					a. (Lity or Tawn	Cour	nty	State
	saw the de couses stat	ceased alive an	196	S. and the	t in (ny) (aur) ap		th occurred on th	., 19 <u>6 %</u> ne date an	_ , that(id haur a	(I) (we) las ind fram the
	22b. SIGNATURE	letzden	an ret		PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE S	GNED 8	
	22d. PHYSICIAN'S NAME (Type)	JOHN HEDEI	A. RACE	> -						
1	BURIAL, (REMATION,	2-5-196	8 19emoi		rine	COL	vertor	1		
22	FUNERAL DIRECTOR	taylor L. Son	/ //	lis Mr				RAR'S SIGNA	TURE	tale :

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.



eral ond 2 leath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

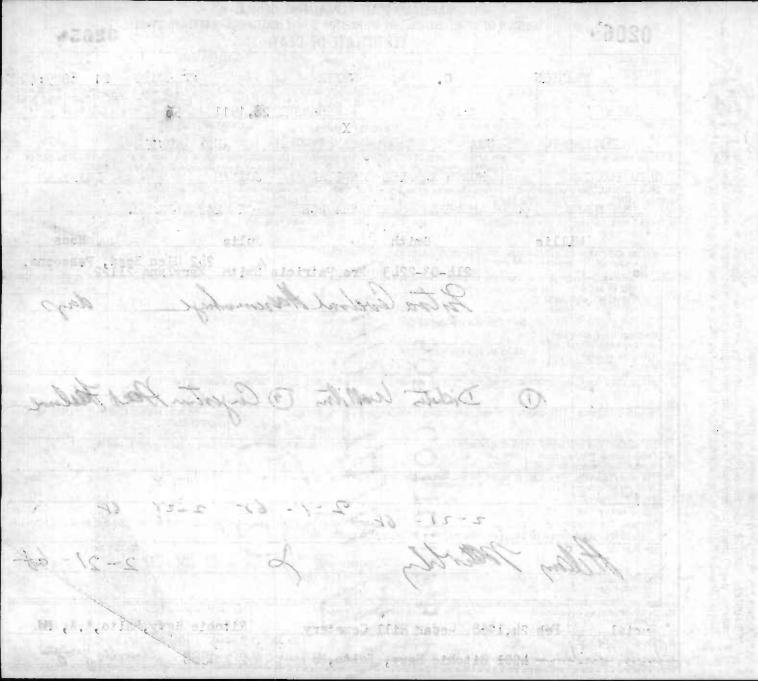
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02654

1. DECEASED-NAME	First		Middle		Last		2o. DATE O		v	2b. HOUR
(Type or print)	FRANCIS		C.	SMITH S. DATE OF BIRTH FEBRUARY 2 1 1 1 1 1 1 1 1 1	9:40 H					
3. SEX		4. RACE				IRTH		4	IF UNDER I YEAR	IF UNDER 24 HRS.
MALE		TAT	HITE		וקקייו	TARV OF	1011		MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote o	r foreign 7h	CITIZEN OF WHAT		8				- Y		
country)			COOMIN.							
MARYI		USA	OF HOSDITAL OF INS						TIGH KIND OF D	Md
10. CITY OR TOWN OF D		give stree	et oddress)	וו) אטווטווו	nor in nospirui	during m	ost of working	life, even if retired.)		ODINESS OK
GLEN BURN							JOINER		SHIPY	ARD
13a. USUAL RESIDENCE (admission) STATE		ived, it institution: 13bCOUNTY	Residence before	13c. CITY C	IR TOWN		-	TREET AND NUMBER		
MARYT	AND	ANNE AR	UNDEL	RIV	ERA BCI	LES N	X 24	2 CLEN RD.		
14. FATHER'S NAME	First	Middle	Last		IS. MOTHER'S M	AIDEN NAME	First	Middle		Lost
	Willis		Smit	h		J	Julia		Ros	S
160. WAS DECEASED EVE	R IN U.S. ARMED		b. SOCIAL SECURITY N	10. 17	INFORMANT		0	Address	- A D	
Yes, no, or unknown)	(If yes give war or	gates of service)	214-03-22	13 1	fra Pata	ricia S	Smith	Maryland 2	lijo	dena,
18 CAUSE OF DE	ATH (Enter only o		or (0) (b), and (c).)			4		0	APPROXIM	ATE INTERVAL
	H WAS CAUSED BY	:	7- /	(p-1	1/2/	Harry		110	A Se	SEI AND DEATH
1121	IMMEDIATE (musa		uru.	11-020	acres of the	ye	our	71
Conditions, if ony,	Libich mayor	DUE TO, OR AS A	CONSEQUENCE OF							
rise ta immediat		(b)			A 252					
stoting the under	rlying couse	DUE TO, OR AS A	CONSEQUENCE OF							
last.	,	(c)								
PART 2. OTHER SIG	GNIFICANT CONDIT	IONS CONTRIBUTION	G TO DEATH BUT NO	T RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION GIVI	N IN PART 1(0)	, 1/4	1
3 3 / X	(1)	Diabelis	we	uolm	(4)	Cujes	hom XXX	10 1144	mel
190. DATE OF OPERA	ATION 19b. CON	DITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUTO	OPSY?			ONSIDERED IN CEI	RTIFYING
EII.					1	_				
		21b. TIME OF IN		21c.	HOW INJURY OC	CURRED (Ente	er noture of inju	ury in Part 1 or Port 2,	Item IB.)	
OR CONTRIBUTING		HOUR A.M. /	Manth Day Yeor							
21d. INJURY OCCU	IRRED 21e PLA	CE OF INTURY (AT	HOME, FARM, STREET, FAC		LOCATION Stre	et or R.F.D. No	city	y or Tawn	County	State
While Nat wh	ile	(OF	FICE BUILDING, ETC.	/			1911			
di waik di wai	N.	ospital) attend	led the deconse	d from	2-	- 196	to	2-2/ 19	CF that	(1) (w) los
	deceased alive	on	Ted Ille deceose	968.0	nd that in (m	v) (our) op	inion deoth	occurred on the do	ate and hour o	nd from the
couses st	oted above, (1) (we) (did) (di	d not) view the l	ody afte	deoth.	.,, (,				
22b. SIGNATURE	1/8/	Inn	XXII		ATTEMO	A .	MED		DATE SIGNED	11
N	Mem	1 Mel	Muly	DE		No l		PHYS. D	-21-	67
22d. PHYSICIAN'S	carry		1		22e. ADI	DRESS				
NAME (Type)		- 1 1 1 1 1 1 1 1 1 1								
23a. BURIAL, CREMATIO	N. 23b. DAT		23c. NAME OF (EMETERY C	R CREMATORY		23d. LOCATI	ON (City or Town)	(County)	(State)
REMOVAL (Specify)	,	24.1968								,
24 FUNERAL DIRECTOR	Peb	54,1300	ADDRESS		Teller Cel	2Sa. REC'D				
(//	4	1.007 P4		- D-	Tto Wa			10 F		ا ماله
6. K 1.641 1.	O/C/LCC	TOOT KI	conle ngw	y , De	TT CO LIG	DAIL	3.4.1	100	- V	1

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled in b directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. should be filed with the State Dept. af Health prior ta burial, cremation, ar removal, and in any event, within 72 how Page 4 may be retained by the hospital or attending physician. VR A15 (4) 73 30M REV. 1768



FOR STATE HEALTH DEPT.

2, and 3 ta PM3. Page the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with Torm necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages DICAL EXAMINER: This certificate should be executed within 24 hours after death 5 may be retained far your files. O DEPUTY

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH 02070 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									The same of the same of	
	ASED-NAME be or Print)	92cm		Middle	Lost Sns. 7	4	OF	ESTI- H MATED 2	h Doy Year	2b. HOUR
3. SEX	M	4. RACE	5. DATE OF BIRTH # -11 - 88.		oy) MONTHS DAYS YRS.	HOURS	Min. Mar	,	25 Year 1968	2d. HOUR
7o. BIR	THPLACE (State		7b. CITIZEN OF WHAT COL		MARRIED NEVER		9. COUNTY OF			
	AA Co	ounty	USA		_	VORCED	A.A.			Md.
9/0		enie	give street of	ddress)	PRONOE	during r	most of working etired	N (Kind of work done g life, even if retired.)		
			sed lived, if institution: I	Residence before 13c.	CITY OR TOWN	13d, INSIDE CITY LIA		EET AND NUMBER		
odm	issian) STATE	Md.	13b. COUNTY	G	len Burnio	YES NO	回 10	7 Greenwa	y, Marley	Park
14. FATI	HER'S NAME	First	Middle	Last	1S. MOTHER'S N	AIDEN NAME	First	Middle	Lo	st
		deorge		Smith		F1	orence		Presto	n
	S DECEASED EV no, or unknow	ER IN U.S. ARMED	FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMANT			ADDRESS		THE YES
(105,	no	(ii yes giri	r war or dates or service;		lfs. Be	ertha F	. Smith	m same as	13	
C ri si	PART I. D H H onditions, if a ise to immed		DUE TO, OR AS A	CONSEQUENCE OF	lrasis,	Gener	uz	e	APPROXIMAT BETWEEN ONSE	
PA	4500		OITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE OR CO	ONDITION GIVEN	IN PART 1(a)		
CERTIFICATION	9a. DATE OF O			ONDITION FOR WHICH WAS PERFORMED?	OPERATION				20. AUTOPS	
₹ P	RIMARY O	R CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. P.M.	Manth, Day, Year	21c. HOW INJURY	OCCURRED (Ente	er nature of inju	ry in Part 1 or Part 2,	, Item 18.)	
	d. INJURY OC	CURRED 21e.	PLACE OF INJURY (At homocrory, office building, etc.)	e, farm, street,	21f. LOCATION Stre	et or R.F.D. No.	Cit	y ar Town	County	Stote
	death re	sulted from:	Natural causes D	Accident [Hamicide HIEF MEDICAL EX SSISTANT MEDIC	, Und	etermined manne	and the same of th	ny apinian
	NAME (Type)	E	Linhar	44			city, tawn, or co		A.A. C	0.
R	URIAL, CREMA EMOVAL (Speci Burlal	TION, 23b.	DATE 28 Feb.68	23c. NAME OF CEME	TERY OR CREMATORY	erv		N (City or Town)	, .,	State)
	NERAL DIRECT			ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	
	Kirkle	ev Finer	al Home. Gl	en Bunrio	1/4.	DATE FE	R 2 7 19	368 yell	arles Jud	120 .

02057

HER ALE SAN TREE WINDOWS IN THE LEWIS OF STREET HER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Film G398 3/1/68 kk CERTIFICATE OF DEATH 02658 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. deoth puo Riggs Smith 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years IF LINDER 24 HRS. last birthday) HOURS 1-15-09 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Arundel Hospital during most of working life, even if retired.) INDUSTRY pleose remove carbon Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO RE Md. Pasadena 208 IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME tast Middle last pup 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17_INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 400 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line tos (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave buriol-tronsit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? use YES 🗀 NO . 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.) for OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased fram 2-77-, 1965, ta 2-7-, 1965, thot (I) (we) last sow the deceased glive an 3-3- 196 and that in (my) (our) opinion death occurred on the date and hour and from the couses stored above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type O Herlihy, MD director, should 23a. BURIAL CREMATION, REMOVAL (Specify) BC NAME OF CEMETERY OR CREMATORY) D 23d. LOCATION Kity or Town 23b. DATE (County) (State) 00064 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) May By 30M REV. 1/68

MEGSO elections & bunk La Michael Labourt de Ma THE THE PERSON NAMED IN THE PARTY OF THE PAR THE RESERVE AND ADDRESS OF THE PARTY. 1 - es - 5 6

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301

I KESTON STREET, DAL	HINOKE, INAKTERIO ZIZOT	
CATE OF DEATH		02859
1 .	A DATE OF BEATH	

	0207	2		(ERTIF	ICATE OF	DEATH				0205	e e
l.	DECEASED-NAME	First		Middle	Mark.	Lost		2o. DATE OF		D	V	2b. HOUR
	(Type or print)	William	n			SMITH	-		Month FEB.	Doy	1968	10:301
3.	SEX		4. RACE		112	S. DATE OF BII			6. AGE (In year		UNDER 1 YEAR	IF UNDER 24 HRS
	MALE		wi	HITE		MARCH	+ 2719	, 1886	lost birthdoy)	YRS.	NINS DATS	HOURS MIN
70	. BIRTHPLACE (State	or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRI	ED NEVER MAR		9. COUNTY OF	DEATH		-	
(0	ountry) (3a2/1)	nere	USA	-	WIDOW	ED V DIVOR	CED 🗌	ANI	VE ATZUI	VDEL	_ Co.	N
10	. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR INS	TITUTION (If not in hospitol			(Kind of work of life, even if geting		12b. KIND OF I	BUSINESS OR
C	ROWNSVILLE	, Md.	CRO	DICKSVILLE ST	ATE	Hosp.	WATC	HMAN	(R <t)< td=""><td>ea.)</td><td>ARund</td><td>ch Core</td></t)<>	ea.)	ARund	ch Core
13	o. USUAL RESIDENCE	(Where deceos	sed lived, if institut	ion: Residence before	7		13d. INSIDE CITY L		REET AND NUMBE			/
-	mission) STATE		sed lived, if institut		B	9 LTIMORE	1E3 X N	35		M5	TETTE	R_
14	I. FATHER'S NAME	First	Middle	Lost		15. MOTHER'S MA	IDEN NAME	First	Midd	lle		Lost
L		OHN		Smr			150	Unko	OWN			
16	60. WAS DECEASED EV Yes, no, or unknown		MED FORCES? war or dates of service)	16b. SOCIAL SECURITY N		7. INFORMANT	1	Daugh	Tero) Addre	ess	14/97	E AVE
	NO	1	Vone	217-01-11	18	MRS N	2//16	ES	erma	25	Seve	Kn, M
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:										ISET AND DEATH
	PARI I. DEA	IMMEDIATE CAUSE (o) Precimona										e lik
	2850	1		AS A CONSEQUENCE OF							0	+ 1
	Conditions, if one			actend ?	un	emid, 9	enilit	1.			long	slandn
	stoting the und			AS A CONSEQUENCE OF	,	1 1	138					
	lost 293 x (c) anemia, hemorrhold,										4-9	41
	PART 2. OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
200	peptic	peptic ulcon (history of) gastrectomy, chronic brain syndrome due to Corbrol A.S.,										
TIELCATI	190. DATE OF OPER	RATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PEI	RFORMED~	20o. AUTO	PSY?	CALISE	S OF DEATH?	NGS CONS	IDERED IN CE	RIIFYING
						. HOW INJURY OCC	URRED (Ente	er noture of inju	ry in Port 1 or Po	ort 2, Item	18.)	
Dica	OR CONTRIBUTING (If either, notify 21d INIURY OCC	medicol exomi	iner) P.M.	Month Doy Year			344	17.3				
Ä	≥ 21d. INJURY OCC While → Not w	URRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f	LOCATION Stree	t or R.F.D. No	. City	or Town	(County	Stote
	ot work ot we	ork 🗆				201.1	6		1			
	22a. I certify	that (1) (th	nis haspital) att	ended the decease	ed fram.	12/28/	19_		110/68	, 19	, that	(1) (we) la
	saw the	deceased a	e (I) (we) (did)	(did hat) view the	hady aft	ana inai in (pr er death	yy(aur) ap	inian aeath	accurred an ir	ne date	and nour o	and from fr
	22b. SIGNATURE	Tarea abar	11 2	(dia lidi) view iiie	budy dir	or dodin.				22c. DAT	E SIGNED	
		1	Much		D	EGREE PHYS.		MED. DIRECTOR	STAFF PHYS.	2/1	1/64	
	22d. PHYSICIAN'S	,	2000	· = 1. D		22e. ADD			B	P	700	11-0-11
	NAME (Type	6.	ISENEI)!	ict MI).		Cre	Mele	re	Stale 1	Lon	ree)
23	Bo. BURIAL, CREMATIC		DATE	23c. NAME OF	CEMETERY	OR CREMATORY	7-1	23d. LOCATI	ON (City or Town)	(County)	(Stote)
L	REMOVAL (Specify		3b. 14,1	968 Mount	Oli	vet Ceme			imore,			
	4. FUNERAL DIRECTOR	(-01	3.716	ADDRESS		10.77		BY REGISTRAR	2Sb. REGIST			off.
	Singletor	Fune	rat Home	Gien Bur	nie.	Marvla	DATE L. D	14 10	UU	2	Jacoby Jacoby	- CO

Home Gien Burnie, Marylande

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages F and should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death

Singleton Funeral

整正のなび Manufacture of the state of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME 20. DATE KNOWNDE Day Yeor 2b. HOUR (Type ar Print) 0 Page 1600 DEATH MATED 2, ond 3 4. RACE IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH (auntry) WIDOWED [DIVORCED | State Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY the in Item 18. Give along hours after pages 1 and 2 with death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE. 13b. COUNTY Office ofter 14. FATHER'S NAME/ Middle Last Middle hours forwarded to the Chief Medical Examiner's pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) buriol-transit permit. File be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), ony This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 OS removal, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. 4 should be D 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW IMJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, formastreet, 21f. LOCATION Street or R.F.D. No. City or Town Poge foctory, office building, etc.) NOT WHILE A AT WORK buriol, may be retoined for FUNERAL DIRECTOR: 22a. I certify that Ltoak charge of the remoins described above, held an Autopsy Inspection 12 Inquiry 74 and in my apinian the tuneral director. death resulted Natural couses Accident -TOM: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 0 23g. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR VR A15ME [5]

MARYLAND STATE DEPARTMENT OF HEALTH

H3030 THE RESIDENCE WITH THE PARTY OF THE P 12:13 1603 Lynnigh market freehold

FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poge 4.5 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form. PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department Health prior to buriol, cremotion, or removal, and in ony event within 72 haurs ofter death. TO DEPUTY

2

VR A15ME (5) 10M REV. 1/68

02074

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02061

	ECEASED-NAME Type ar Print)	First	4	Middle	5	ER LOUI	119		2a. DATE KNO OF ES DEATH MA	TI-	Month 2	Day 13	Year 1966	2b. HOUR
3. 5	F	N	5. DATE OF BIRT	-1961	6 yrs.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN	2c. DATE PROP Month	2 1	DEAD Day	5 Year	1968	2d. HOUR
caun	///	6	CITIZEN OF WHA	COUNTRY?	1	IED NEVER M	ARRIED ORCED	9. COU	NTY OF DEATH		1.00			Md.
1		urm	e give str	ME OF HOSPITAL OR	ch a	ronde	2 during	mast af	CUPATION (Kind warking life,			12b. KINI INDUSTRY	D OF BUSIN Y	ESS OR
	USUAL RESIDENCE (A) (A) dmission) STATE	Where deceased	13b. COUNTY	on: Residence before	re 13c CITY O	ema	YES N		13e. STREET AN	NO NUMBI	120	en	Lari	1 Pet
01	ather's hamb	First	Middle	wille		s. MOTHER'S MA	JUEN NAME	First	1	4 Midd	6	m	elast	
	WAS DECEASED EVER IN es, na, ar unknawn)		CES? or dates of service)	16b. SOCIAL SECURITY	(NO. 17	INFORMANT ZOUVE	NHO	ols.	neox	ADDRESS	ier.	no	7 PC	ask
		WAS CAUSED E	٧.	e for (a), (b), and (().)	Bur	es o	fo	% Jas	tal			PPROXIMATE IN MEEN ONSET A	
	Canditians, if any, rise to immediate	cause (a), ((b)	AS A CONSEQUENCE	relea							200	Men	2
	stating the underlinest.)	(c)											
2	PART 2. OTHER SIGN	FICANT CONDITI	ONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO) THE TERMINAL	DISEASE OR C	ONDITION	N GIVEN IN PAI	RT 1(a)				
MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION		9b. CONDITION FOR WAS PERFORME	D?								AUTOPSY?	NO.
DICAL CE	21a. EXTERNAL CAUS PRIMARY (X) OR COI CAUSE OF DEATH	NTRIBUTING [HOUR A.M.) 2/13 1	683	HOW INJURY O	Luce				Part 2, Ite	m 18.)		
ME	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO		CE OF INJURY (At	hame, farm, street etc.)	211	LOCATION Stree	t ar R.F.D. Na.	158	City ar To	OWN	B	County		State
				e remoins descri		held on Aut Suicide ,	opsy, Homicid		pection Undetern		uiry 🖳	on	nd in my	opinion
	ACTUAL SIGNATURE	Jan.	hurst		100	M.D. AS	IIEF MEDICAL SISTANT MEDI	ICAL EXAM	MINER	2	2b. DATE	IGNED	16 5	
	EXAMINER'S NAME (Type)	E.,	Link	AK49	1	AC	PUTY MEDICA DRESS(Street,	, city, tav	wn, or county)		7	A	190	0.
230	BURIAL, CREMATION, PREMOVAL (Specify)	23b. D	7-19E	8 60	yper	iter!	Yell	41	LOCATION (CIT	Ma	UB	(County)	. 00	Vel.
24.	FUNERAL DIRECTOR	mB	eeset	t Change	NESS	ank	DATE F	4	5 196	25b. REG	R'S S	A CO	Judg	e

02061			4.4
			A MARKET SHE
Sens Miller			
	The State of the		
		TRANSPORTER	
		2	
			-,
AL 2-135			

After deoth funeral 1 ond

02075

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEA

TH	020	6	2
2g, DATE OF DEATH		2b.	HC

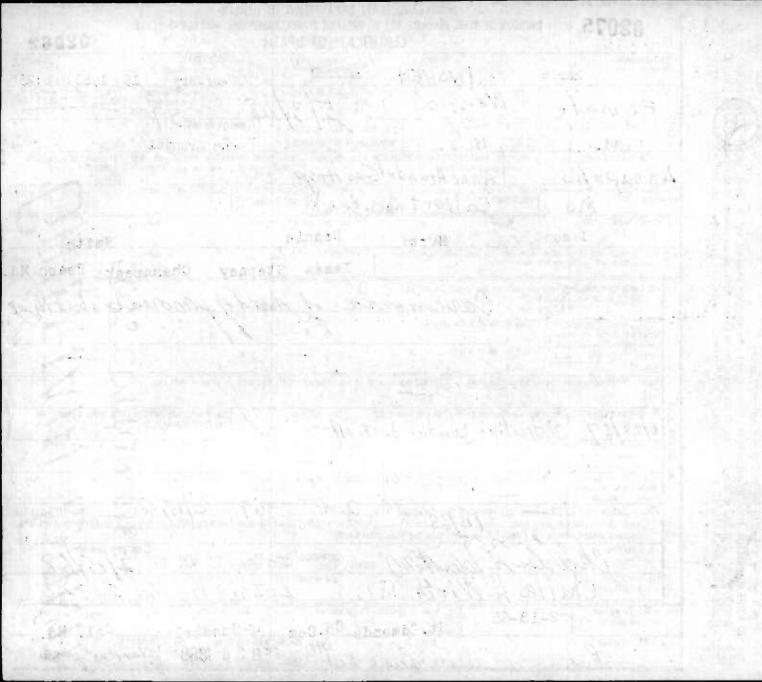
	6 : 25 M IF UNDER 24 HRS. HOURS MIN
3. SEX Female 4. RACE Vegro 5. DATE OF BIRTH Female 7. CITIZEN OF WHAT COUNTRY? Anne Arundel 10. CITY OR TOWN OF DEATH Annapol, S 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 13b. COUNTY COU	IF UNDER 24 HRS. HOURS MIN
Female Vegro 5308 lost birthdoy) YRS. MONTHS OAVS 70. BIRTHPLACE (State or foreign cauntry) Md. S MARRIED PNEVERMARRIED 9. COUNTY OF DEATH	HOURS MIN
70. BIRTHPLACE (State or foreign country) Mid. 75. CITIZEN OF WHAT COUNTRY? 88. MARRIED PNEVERMARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Anne Arundel 10. CITY OR TOWN OF DEATH Anne Arundel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) Anne Hrunde Gan Hoss during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddress) 131. COUNTY Calvert Ches. Beach YES NO 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Samuel 16. COUNTY OF DEATH Anne Arundel 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 1720. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before last. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 173. MOTHER'S MAIDEN NAME First Middle 174. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle 175. MOTHER'S MAIDEN NAME First Middle 176. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 176. CITY OR TOWN OF DEATH Anne Arundel 177. Anne Arundel 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 176. KIND OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 177. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 176. KIND OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 177. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 178. MOTHER OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 178. MOTHER OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 179. MOTHER OF HOSPITAL OR	
Md. S WIDOWED DIVORCED Anne Arundel	
10. CITY OR TOWN OF DEATH Annapol, S 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) Anne Hruh de Gan Hospital (Indian most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before libroury (Indian most of working life, even if retired.) INDUSTRY 13b. COUNTY Calvert (Indian most of working life, even if retired.) INDUSTRY 13c. STREET AND NUMBER 14. FATHER'S NAME First Middle Lost Samuel Samuel Samuel Samuel Samuel Samuel Samuel Middle Samuel	
Annapol's give street oddress and del Gan Hospa during most of working life, even if refired.) 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY Calvert Ches. Beach YES NO 11b. STREET AND NUMBER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Samuel Middle Smith	BUSINESS OR
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md 13b. COUNTY Ca Vert Ches. Beach YES NO 13a. NSIDE CITY LIMITS? NAME First Middle Lost Samuel Samuel Smith	51.10
odmission) STATE Md 13b. COUNTY Calvert Ches. Beach YES NO 14. FATHER'S NAME First Middle Lost Samuel Harris Dennie Smith	
14. FATHER'S NAME First Middle Lost Samuel Samuel Samith	
SHI LO	Last
SHI LO	
Yes no or unknown) (If yes give wor or dates of service)	ach M
	ATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	SET AND DEATH
IMMEDIATE CAUSE (a) CANCENDATE OF MILLS I Planoles about	T/Una
157.7 DUE TO, OR AS A CONSEQUENCE OF	1
Conditions, if any, which gove	
rise to immediate cause (a). (b).	
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
last. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
= 157×	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CER	RTIFYING
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 6/28/67 Obstructive jaunaice due to 18 yes No 12 (Enter nature of injury in Part 1 or Part 2 or Part 3 or Par	
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)	
G (If either, notify medical examiner) P.M. Month Doy Year 19 214 HUMP ACTION STATE OF DEATH AND HUMP AND HARD STATE OF DEATH CONTROL OF THE PROPERTY OF	6.1
Z1d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while	Stote
of wark of wark	
22a. I certify that (I) (this hospital) attended the deceased from 1967, to 2/3/67, 19, that	(I) (we) last
saw the deceased glive on 2-1/5/6 x 19 and that in (my) (our) opinion death occurred on the date and hour o	nd fram the
causes stated, above, (i) (we) (did) (did) (did) (view the body ofter death.	
22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	10
ATTENDING PT MED. STAFF CI 2 ///	
DEGREE PHYS. DIRECTOR PHYS.	18
22d. PHYSICIAN'S 22e. ADDRESS 2	8
DIRECTOR PHYS. LINE LINE LINE LINE LINE LINE LINE LINE	10
22d. PHYSICIAN'S NAME (Type) Charles H. Wirth, M.1) 22e. ADDRESS Lothian Md 2082	(Stota)
22d. PHYSICIAN'S NAME (Type) Charles H. Winth In 1) 23o. BUMAL, CREMATION, 23b2DATE 8-68 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
22d. PHYSICIAN'S NAME (Type) Charles H. Winth In 1) 22e. ADDRESS Lothign Md 2082 23o. BUMAL, CREMATION, REMOVAL (Specify) 23b DAT 8-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)

VR A15 [4]-30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled director, page 3 should be detached for use os the buriol-transit permit. Then pleose remove corbon page should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 7



0207 a T. DECEASED-NAME (Type or print)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02064

इन्ड			(Pe or print)	hirst	Middle	Lost L	20. 03	Month Month	Doy Yeor	2b. HOUR
9 5 5	1	3. SE)	WI	ellam 4. race		S. DATE OF BIRTH	Le	A ACE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
ges and a second		J. JL/	MALE	0 1	ored	Queles	41899	6. AGE (In years last birthay)	MONTHS DAYS	HOURS MIN.
by t Po ours			IRTHPLACE (State or foreign			ARRIED NEVER MARRIED	9. COUNT	Y OF DEATH	4	1
J in Jers. 72 h		19th	Evoluru n.C	2 11.8	A WII	DOWED DIVORCED	- / / /	a. Cour	ity mex	Md.
fille pag hin		10. CI	TY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INSTITUT	11		TION (Kind of work do king life, even if retire		JSINESS OR
wi wi	19	n	uadena m	a	Truna		Ket	ired	11.41	4
cion and completely filled in by the lease remove carbon papers. Pocond in ony event, within 72 hours			ssion) STATE	deceased lived, if institution 13b. COUNTY	: Residence before 13c.		INSIDE CITY LIMITS? 13	Poat 9-	Boy 257	
mov mov		14. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDE	N NAME First	Middle		Last
e re lin d	1		unter			Un	k			
	1		WAS DECEASED EVER IN U.S	S. ARMED FORCES?	6b. SOCIAL SECURITY NO.	17. INFORMANT	12	Addres	s	
Then throwold				no o	43-07-0759	Madelle	- Aleven		APPROXIMA	TE INTERVAL
by the attending phystransit permit. Then p cremotion, or removol,			PART I. DEATH WAS O	ter only ane cause per line CAUSED BY:		nth are	· · · · ·	111.		ET AND DEATH
attend permit. ion, or r	-		100 AN	IMEDIATE CAUSE (a)	A CONSEQUENCE OF	and con	more	Ment		1
the attending isit permit. The motion, or rem			Canditians, if any, which	gove)	A CONSEQUENCE OF	Heard I	Direar	e oang	in 10,	men.
by trans			rise to immediate cause stating the underlying co		A CONSEQUENCE OF	N		1		
signed by the burial-transit burial, cremo			last.	(c)						
			PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RE	ATED TO THE TERMINAL DI	ISEASE OR CONDITION	GIVEN IN PART 1(0)		
been s the ior to		NOI	19g, DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORE	MED 20a. AUTOPSY	2 2	Ob. IF YES, WERE FINDIN	GS CONSIDERED IN CER	TIFYING
PUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	A	CERTIFICATION	TVO. DATE OF OTERATION	The combined for which	TOTERATION WAS TERRORI	YES T		AUSES OF DEATH?	os considence in cen	
certificate hos thed for use o ot. of Health pr	-		21a. ACCIDENT WAS UNDE			21c. HOW INJURY OCCURR	RED (Enter nature al	f injury in Port 1 or Par	t 2, Item 1B.)	
of H		MEDICAL	OR CONTRIBUTING CAUSE	exominer) P.M.	Month Doy Year					134
is ce tache			21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY (T HOME, FARM, STREET, FACTORY.) FFICE BUILDING, ETC.	21f. LOCATION Street ar	r R.F.D. Na.	City or Town	County	State
del del			at work at work) (this hasnital) atten	dad the decared fr	om 6/2		7	19 2.8 , that (I) (we) last
d be Stee Ste			saw the deceas) (this haspital) atten	22 196	and that in (my) ((aur) apinian dec	ath accurred an the		
Houle th	91			bave, (I) (d	id nat) view the bady	after death.			22c. DATE SIGNED	
TO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Department			22b. SIGNATURE	Hillis	, MX	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	Dale Signed	8
Poge file			22d. PHYSICIAN'S	100	D1 1211	220 ADDRESS		, 0.	0.01	
VER/			NAME (Type)	14/00/4	PL1-4	IM	my	ratio	may	
Fired hou		230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb. 6, 1968	23c. NAME OF CEMET			CATION (City or Town)	(County)	(Stote)
200	2		FUNERAL DIRECTOR	FED. 6, 1760	ADDRESS	tuburn Cem	a. REC'D BY REGISTR	AR 25h REGISTR	AR'S SIGNATURE	4.
VR A15 (4), 30M REV. 1/8	8	3	A A	Wilson 1	Das Beall		FER 7		wer Judg	2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

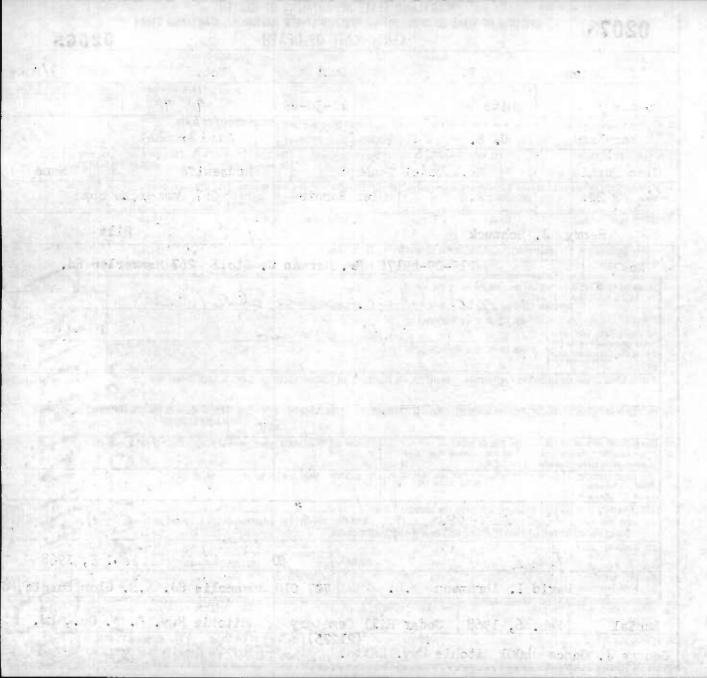
02063

1. DECEASED-NA		Contract of	Middle		Last		2a. DATE OF DEATH		2b. HOUR
(Type ar prir	") Marci	ovet	TP	6+	ewart		Manth	Day Year 17.1068	11 0 1
3. SEX	1116	4. RACE			S. DATE OF BII	RTH	6. AGE (In years		IF UNGER 24 HRS.
Fem	le		White			Sept.19	last birthday)	YRS. MONTHS DAYS	HOURS MIN
	(State ar foreign	7b. CITIZEN OF WHA		8. MADDIED F	NEVER MAR		COUNTY OF DEATH	11.0.	
country)	ryland	TISA		WIDOWED -			Vana Arren 7-7		Mo
10. CITY OR TO			ME OF HOSPITAL OR II		100		Anne Arundel CCUPATION (Kind of work do	one 12b KIND OF	BUSINESS OR
	n Burnie	give st	reet address) Orth Arun	del Nur	sing H	during mast	of warking life, even if retire	ed.) INDUSTRY Own I	
13a. USUAL RES admissian) ST	IDENCE (Where deced	sed lived, if institution 13b. COUNTY	an: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS		t .	
31	Md.	130. COUNT	AA A	Glen B	urnie	YES NO	15 Browns	shade Driv	ve
14. FATHER'S NA	AME First	Middle	Last	15.	MOTHER'S MA	AIDEN NAME First	Middle	0	Last
R	obert		Fletc	her		Ressie		Harl	lev
16a. WAS DECE Yes, na, ar u	ASED EVER IN U.S. ARI	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY		FORMANT		Addres	is	
10, 110, 010	nknown) (11 yes give t	war or other or service)		M	rs. Je	an Walte	ers, same as	13	
1B. CAUS	E OF DEATH (Enter an	nly ane cause per line	e far (a), (b), and (c).)				APPROXI	MATE INTERVAL INSET AND DEATH
PART	I DEATH WAS CAUSE	D BY: ATE CAUSE (a)			cinoma	togia			MOLT PHIS SERVICE
1.50	60 mmedi		A CONSEQUENCE OF			MISIS			
,	s, if any, which gave				me of	the Call	Bladder	3.5-	and law
	mediate cause (a),		A CONSEQUENCE OF		IIEA OT	one adri	Dradder.	130	onths
last.	e underlying cause	(c)	A CONSEQUENCE OF						
PART 2 (THER SIGNIFICANT CO	NDITIONS CONTRIBIT	ING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL	DISEASE OR CONI	DITION GIVEN IN PART I(a)		
15	1	Nominal Contractor	NO TO DEATH DOT I	TOT KEENIED TO	THE TERMINAL	. DISEASE OR COM	pinon oreth in Pact ((a)		
19a. DATE	OF OPERATION 19b.	CONDITION FOR WHIC	"H OPER ATION WAS D	EDEUDWED	20a. AUTOI	DCA3	20b. IF YES, WERE FINDIN	CS CONSIDERED IN CI	EDTIEVING
Z. I.V. DW.	of Orekanon 176.	CONDITION FOR WITH	III OF EKATION WAS F	EKTOKMED	YES 🗆	NO 🗀	CAUSES OF DEATH?	OJ CONSIDERED IN CE	IKHITIMO
E 210 ACC	DENT WAS UNDERLYIF	NG 21b. TIME OF	INTERPO	21. 40		-		4.0 (4 10.)	
	RIBUTING CAUSE OF DEA		Manth Day Year		W INJUKT OCC	UKKED (Enter no	iture of injury in Part 1 or Par	1 2, Item IB.)	
	natify medical exami			19				1100	
- I ZIG. INJU	RY OCCURRED 21e. Nat while at work	. PLACE OF INJURY (AT HOME, FARM, STREET, FO OFFICE BUILDING, ETC.	ACTORY,) 21f. LOC	CATION Street	t ar R.F.D. Na.	City ar Tawn	County	State
220. 1 0	ertify that (I) (th	nis haspitol) otte	nded the deceas	ed fram	'eb. 7	, 1968_	_, to_2/ 17,	19.68 , that	(I) (we) los
sav Cal	v the deceased o uses stated above	alive an2/ e, (I)_(we) (did) (did nat) view the	19 <u>68</u> , and bady after d	thot in (m) eath.	ý) (our) opinic	on deoth occurred on the	e date and hour	and from the
22b. SIGNA	ATURE /	1/1/2 11	1		ATTENDIN	G MED.	STAFF	22c. DATE SIGNED	
	11.	1/any	un	DEGRE	E PHYS.	DIREC	CTOR PHYS.	2/17/68	
22d. PHYS	r /T)				22e. ADDI	RESS			
NAM	E(Type) Err	nesto A. I	olentino	M.D.	324	5 Hospit	al Drive Glo	n Durnio.	161
23a. BURIAL, CI	REMATION, 23b.			CEMETERY OR (3d. LOCATION (City or Town)	(County)	(State)
REMOVAL	(Specify)	0 Feb. 68	Gler	Haven	Memori	al Park	Clen Runie	3.57	
24. FUNERAL D			ADDRES	S		2Sq. REC'D BY R	FGISTRAR 75h REGISTR	AR'S SICNATURE	100
Kir	kley Fine	ral Home	Glan Bur	min W		DATFEB 2	0 1968	ares Jus	gra !

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the aneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRT	IFICA	TF OF	DEATH	

02066

	CEASED-NAME	Fin		Middle		Last	2a.	DATE OF DEATH	D V	2b. HOUR
(1	ype ar print)	WILL	MAI	ALEXANDE	R SWA	ANSTON		Month February	Doy Yeor	2375 M
3. SE	Х		4. RACE		5	DATE OF BIRTH		6. AGE (In year	S IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Cauca	sian		21 August	1896	last birthday)	YRS. MONTHS DAYS	HOURS MIN
7a. B	BIRTHPLACE (State	or foreign	7b. CITIZEN OF W		1 -	NEVER MARRIED		UNTY OF DEATH		
caun	itry) A/	/.	11.5		WIDOWED			ne Arundel		14.1
10 0	ITY OR TOWN OF	DEATH	11 N	AME OF HOSPITAL OR IN	<u></u>		1.534.44	CUPATION (Kind of work	done 112h KIND O	F BUSINESS OR
	Annapol	is	give Na	street oddress) val Hospi	tal	du	ring mest of	5. 10 A eyen if retin	red.) CAPT	RET.
13o.	USUAL RESIDENCE ssion) STATE	(Where dece		tion: Residence before	13c. CITY OR T		DE CITY LIMITS?	13e. STREET AND NUMBE		
Juliu	ssion) STATE	Md.	13b. COUNTY	A.A.	Annapo	olis YES	≥ NO □	710 Americ	ana Drive	, Apt. 54
14. F	ATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN N	NAME First	Midd	dle 🦳 🖊	Lost
	To	NALL	C.	JUIDAKT	OR	M	ARGAI	OFT	tatte	PSON
	WAS DECEASED E		RMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INF	FORMANT	1	Addre	ess	
Y	es, no or unknown	1) (11/4)	e war or dates of service)		HA	RV+T SU	MISTA	N # 13	6	
-			anly one saves are li	ne far (a), (b), and (c)		0.00	110011	70 719	APPROX	KIMATE INTERVAL
-12	PART I. DEA	TH WAS CAU	only one cause per 11 SED BY:			ADDTIME			BETWEEN	ONSET AND OEATH
		IMMEI	DIATE CAUSE (a)	INFARCTIO	JN, MYOC	ARDIUM				
	4103	1		AS A CONSEQUENCE OF					150 000	
	Conditions, if an rise to immedia			ARTERIOS	CLEROTIC	C HEART D	ISEASE			
	stating the und			AS A CONSEQUENCE OF						
	last. (c)									
	PART 2. OTHER S	SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEA	SE OR CONDIT	ION GIVEN IN PART 1(a)		
2	4201									
CERTIFICATION	19a. DATE OF OPE	RATION 19	b. CONDITION FOR WE	IICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDI	NGS CONSIDERED IN	CERTIFYING
IFIC						YES 🗀	NO [X]	CAUSES OF DEATH?		
CERT	21a. ACCIDENT V	VAS UNDERLY	ING 21b. TIME O	FINILIRY	21r HOV			re af injury in Port 1 or Po	ort 2 Item 181	
	OR CONTRIBUTING	CAUSE OF D	EATH HOUR A.M.	Month Doy Yeor		THOOK! OCCORRED	(Ether halor	o at injury it i of i t	511 Z, 116111 1G.J	
MEDICAL	(If either, notify	medical exam	miner) P.M.		9					
	21d. INJURY OCC While Mat w	hile 7	e. PLACE OF INJURY	AT HOME, FARM, STREET, FA	21f. LOCA	ATION Street or R.I	F.D. No.	City or Town	Caunty	State
	While Nat wat wat wark at w	ark 🗀								
	22a. I certify	that (I) (this haspital) att	ended the deceas	ed from	January	19 00	to 15 Februa death accurred on th	1,19 00 , tha	t (I) (we) last
	saw the	deceased	alive an 12	(did nat) view the	19 00, and	that in (my) (au	ır) apinian	death accurred an th	ne date and haur	and fram the
		Talea aba	ve, () (we) (ala)	(ala nat) view the	baay affer a	earn.			00 0 175 5101150	
81	22b. SIGNATURE	11	/	1-	0.000	ATTENDING	MED.	STAFF	22c. DATE SIGNED	2
	Jt.	1	min	ozen	DEGREE	***************************************	DIRECTO	OR L PHYS. L	2/12/6	2
П	22d. PHYSICIAN'S NAME (Type	1	ADENIGO	and and	TION	22e. ADDRESS	77 2 L		- 26.2	
		VV. I	. ARENTZE	N, CAPT MO	USN	Naval	ноѕріт	al, Annapol	is, Ma.	
23a	BURIAL, CREMATIO		D. DATE	236 NAME OF	CEMETERY OR	1,750.0	234	LOCATION (City or Town)	(Causty)	(State)
4	UPIAZ	1 8	1-19-68	4.5.10	AVAL H	OADEMY	H	NUAPOLIS	W.H.	MD.
24.	FUNERAL DIRECTO	R		ADDRESS		25g. F	REC'D BY REG		RAR'S SIGNATURE	and Alle
T	AYLOR &	SONS I	FUNERAL HO	ME Anna	polis, l	Md. DATE	FEB 2	2 1 1968 🖟	Marrey &	and the same

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs of ther deather VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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JOHNSTON MARGARET TATTERED

YES 1916-1947 MARKY J SWARSTON & 135

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MARYLAND STATE DEPARTMENT OF HEALTH

02080	DIVISION OF VITAL RECORD	CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	02067
1. DECEASED-NAME (Type or print) First	BERT N Middle	Lost TALBOTT	20. DATE OF DEATH Month Doy	Yeor 3:20 F
3. SEX	4. RACE	5. DATE OF BIRTH 3 / 9 / 9	10. NOL (III JOOIS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country) MD,	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH' ANNE ARU	NDEL M
10. CITY OR TOWN OF DEATH ANAPOLI	giye street oddress)		AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deceose odmission) STATE	ed lived, if institution: Residence before 13b. COUNTY		IMITS? 13e. STREET AND NUMBER O AT. 2-80x 43	35
14. FATHER'S NAME First	? Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
160. WAS DECEASED EVER IN U.S. ARM Yes no or unknown) (If yes give w	ED FORCES? ar or dojas of service) 16b. SOCIAL SECURIT	TY NO. 17. INFORMANT -8062 LENA U, TAZ	BOTT (SAME	1
PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond BY: TE CAUSE (o)	(1) Hepatic eer	na	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH 24 hrs -
Conditions, if ony, which gove nise to immediate couse (a),	(b) CONSEQUENCE (D) DUE TO, OR AS A CONSEQUENCE (D)	is a liver, course	undeserminent	8 mas -
stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CON	(c)	I NOT RELATED TO THE TERMINAL DISEASE OR:	CONDITION GIVEN IN PART 1(o)	
TAKE E. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION TO DEATH	THO REENED TO THE TERMINAL DISEASE OR	constitution of the in take 1407	

190. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

NO T

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21b. TIME OF INJURY HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner)

P.M

21f. LOCATION Street or R.F.D. No.

ATTENDING PHYS.

22e. ADDRESS

County

21d. INJURY OCCURRED
While Not while ot work

22b. SIGNATUR

23o. BURIAL, CREMATION

(AT HOME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21e. PLACE OF INJURY

City or Town

Stote

22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an

MED. DIRECTOR

STAFF PHYS.

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

CERTIFICATION

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)
BACTAC

(Stote) (County)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires min Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been VR A15 (4)3 30M REV. 1/68

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. 24. FUNERAL DIRECTOR

REC'D BY REGISTRAR FEB 9

NNAPOLIS

Ca REGISTRAR'S SIGNATURE

FOR STATE LEAN'H DEPT. 10

in Item 18. Give Pages 1,

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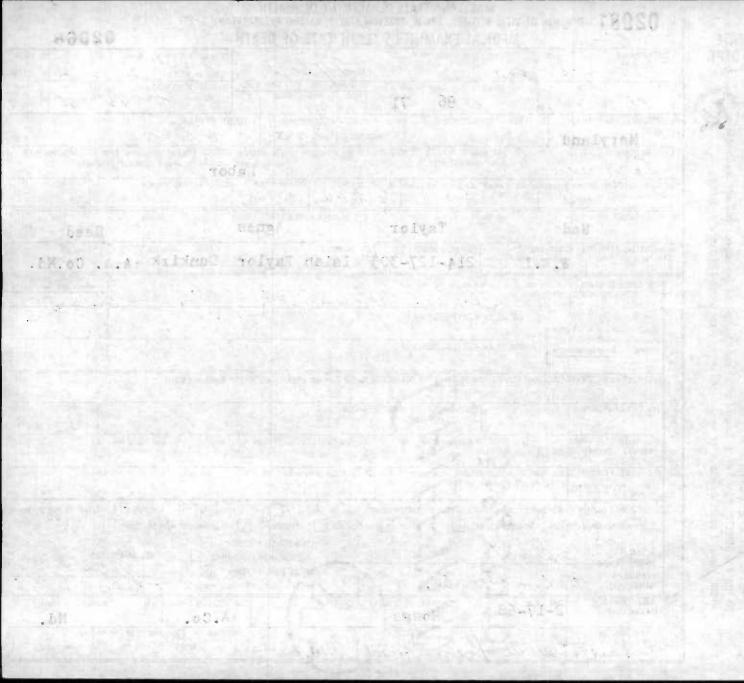
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with the State poges lond 2 after hours File within event buriol-tronsit ony = 0 removo used pe 3 should cremotion, may be retained for your FUNERAL DIRECTOR: Poge buriol, be retained

02068 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE KNOWN Middle Year 2b. HOUR (Type or Print) ESTI-OF once DEATH MATED 164 4 RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOHR MONTHS 18 96 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCEDX Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Labor 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CHY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Last First Middle Last Taylor Agnes Ned Reed 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na. ar unknawn) 214-127-303 Isiah Taylor Dunkirk : A.A. Co.Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). WEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that Hook charge of the remains described above, held an Autopsy ... Inspection -Inquiry F and in my apinian death resulted Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) ADDRESS(Street, city, tawn, ar county) 50 23a. BUNAL, CREMATION, NAME OF CEMETERY OR (REMATOR) 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Moses AA.Co. Md. ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5)



Item 13 See birth cept MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

and it will be sufficient. 3-30-1898 - 69 511 ANNAPOLIS A H CEUSERL BOAT BULDING BAT MD. EAR STANDARDS X 87 D#5 BOX 249 WINNEY F. HOHES EVIZABETH V. TAYMAN SARAH F THORAS = 19 and the same of th BURNEL STEED HOUEN GENBURY OF THE John H. Jako Low Chungoli Md. 1888 18 1889 - Janes . MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02084	DIVISION OF	CE		OF DEATH	IIMUKE, MA	KTLAND ZIZ	UI	0267	7.3	
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3. \$	F	4. RACE	/	,	T-8-188	89	6. AGE (In yeo	YRS.	ONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.	
COF	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WH	S. A	MARRIED NE	DIVORCED [9. COUNTY O	HRU	UDI		Md.	
E	CITY OR TOWN OF DEATH	give	AME OF HOSPITAL OR INSTIT	sing Ho	during m	ogt of working		red.)	12b. KIND OF INDUSTRY	BUSINESS OR	
adn	USUAL RESIDENCE (Where decear hission) STATE	13b. COUNTY		PUNAPOL		15	TREET AND NUMB	tici	ELLOI	AVE	
D	FATHER'S NAME First P. CHARLES D. WAS DECEASED EVER IN U.S. AR.	8.	BUSEY 166. SOCIAL SECURITY NO.	,	Ros		Add	angle .	B	ELL	
	Yes, no or unknown) (If yes give	war or dates of service)	/	EAR		DMSOI	v #	136		MATE INTERVAL	
l.	18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDI		ne for (a), (b), and (c).)	scular	Azcider	f				NSET AND DEATH	
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (b) Land of A A A CONSEQUENCE OF Tise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF										
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF ost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
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CERTIFICATION			ICH OPERATION WAS PERFO		Oa. AUTOPSY? YES NO	CAUSE	S OF DEATH?		GS CONSIDERED IN CERTIFYING		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exam	TH HOUR A.M. (ner) P.M.	Month Doy Yeor		JURY OCCURRED (Ente	er nature af inje	ury in Part 1 ar P	ort 2, Ite	m 18.)		
W	ot work of work		AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.		N Street or R.F.D. No		y or Town		County	Stote	
	22a. I certify that (I) (the saw the deceased causes stated abave	live an	ended the deceased 190 (did nat) view the ba	and the	t in (my) (our) ap	inian death	accurred on t	he date	ond hour	(I) (we) last ond from the	
	22b. SIGNATURE	Brei	in M.12	DEGREE	PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DA	TE SIGNED		
	22d. PHYSICIAN'S ROBE	et Bee	****		22e. ADDRESS		54. A.		1.5 m	not .	
230	REMOVAL (Specify)	DATE - 68	Spring			LYNC	ON (City or Town		(County)	Va.	
34	Meral Direction	bus Per	MADDRESS V	ndo	2So. REC'D	BY REGISTRAR	1968 KEGIS	IKAR'S S	GNATURE	and the same	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour. Page 4 may be retained by the haspital ar attending physician.

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COOK	MARYLAND STATE DEPARTMENT OF HEALTH
2085	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
s 7a &7b	13a,c, de Film G398 2 CERTIFICATE OF DEATH

It	mes 7a &7b	13a,c,&e Fi	Lm G398 2,CE	RTIFICA	TE OF DEATH			0207	2
	ECEASED-NAME Type ar print)	First DENNIS	Middle ROBERT		Last TURNER	2a.	DATE OF DEATH Month Pebruary 12	1968	2b. HOUR
3. SI	MALE		ICAS I AN		. DATE OF BIRTH 21 August 1	941	6. AGE (In years last birthday) 26 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN
7a	BIRTHPLACE (Stote or fo ptry) lassachuset	oreign 7b. CITIZEN OF WI		MARRIED _	NEVER MARRIED		unty of DEATH		Md.
10.	Annapolis	dive	AME OF HOSPITAL OR INSTITU street oddress) Nava I Hospi		in hospitol 120. USI during r	mast af	UPATION (Kind of work done warking life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
qdm	USUAL RESIDENCE (When issian), STATE	ere deceased lived, if institut	ian: Residence before 13	Roches	VEC I	LIMITS?	13e. STREET AND NUMBER Crown Point		
14.	FATHER'S NAME FIR	ert Irving	Lost	15.	Mother's maiden name Mildred		Abee		Last
160	. WAS DECEASED EVER IT Yes, na, ar unknawn) Yes	N U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 017 32 006		U. S.	Nav	y Records	NS.	
	Conditions, if any, wherise to immediate castoting the underlyings.	indeplate Cause (o) DUE TO, OR A puse (o), ng couse (c)	AS A CONSEQUENCE OF						AATE INTERVAL NSET AND DEATH
CERTIFICATION	190. DATE OF OPERATION	TING TO DEATH BUT NOT F		20a. AUTOPSY? YES NO	CONSIDERED IN CERTIFYING				
MEDICAL CERT	21a. ACCIDENT WAS U OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN COLU	AUSE OF DEATH HOUR A.M. P.M.	F INJURY Month Day Year 19 (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.		V INJURY OCCURRED (Ent	ter natur	re of injury in Part 1 ar Part 2, 1	tem 18.) Caunty	Stote
	sow the decreases state 22b-SIGNATURE J. P. O	ot (I) (this bosnital) offi	ended the deceosed 19_ (did not) view the boo	from, ond dy after de	that in (my) (our) operath. ATTENDING PHYS. 22e. ADDRESS	MED.	to, 19_ deoth occurred on the do	te ond hour of the signed 13-68	(1) (wa) last
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb. 13	68 Howas	METERY OR C	REMATORY treet	23d.	LOCATION (City or Town) Northborough	(County)	(State)
24. Ho	FUNERAL DIRECTOR Ward Count	Harry Witzl y Funeral Hor	ne, Ellicott	City,	Md. 2Sa. REC'D	BY REGI	ISTRAR 2Sb. REGISTRAR'S	SIGNATURE	i.e.

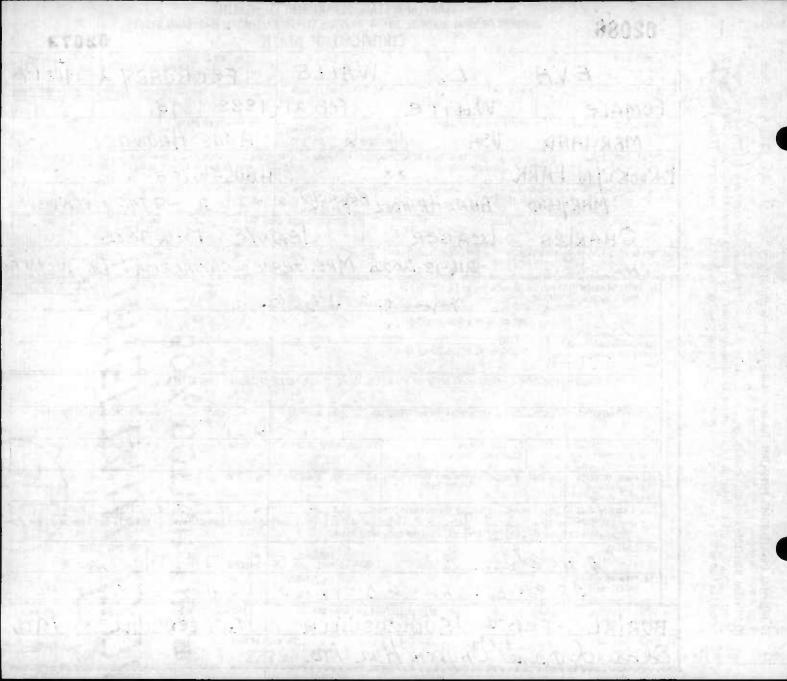
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02086 CERTIFICATE OF DEATH 02673 2b. HOUR 20. DATE OF DEATH DECEASED-NAME First Middle 24 bours after death. (Type or print) IF UNDER 1 YEAR 4 RACE 3 SFX last birthday) DAYS ZHTIKOM 383 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED S DIVORCED [within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during mast of warking life, even if retired.) give street address) **INDUSTRY** carban (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN

ON A MINSTER PROPERTY OF THE PARTY 13e. STREET AND NUMBER remove 14. FATHER'S NAME Middle Middle Last physician and URGESS AGER please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 216-18-2020 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF burial-transit p Conditions, if ony, which gave) rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b this certificate has been as the 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO S YES [] ed far use af Health p 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. County State City or Town While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 1 Sept. 1967 ta 3/ Jan 6 5 19 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on___ be retained shauld couses stoted obove, (1) (we) (did) (did nat) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR director, page should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) -25.Md 4016 Ritchie 23d. LOCATION (City or Town) 23b. DATE 230. BURIAL, CREMATION, (County) UNLERSUILLE 24_FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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> VR A15 (4) 30M REV. 1/68

Í	02087 tems 23c &d Fil	DIVISION OF	WARYLAND ST VITAL RECORDS, 301 /28/68 lele CFR	W. PRES	STON STRE	ET, BALTIN		ARYLAND :	21201	0267	, _E
1. D	DECEASED-NAME First Type or print) Hele		Middle Webl		Lost	EATH.	20. DATE (OF DEATH Month	12 ^{Doy}	1958	2b. HOUR 6:00
3. SI	EX Female	4. RACE Cau		1 -	DATE OF BIRT	ch 193		6. AGE (In	years day) YRS.	IF UNDER) YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
7o.	BIRTHPLACE (State or foreign	76. CITIZEN OF WI	,,,,,	ARRIED 📑	NEVER MARRII DIVORCE		Anne	of DEATH Arunde	1		Md
	CITY OR TOWN OF DEATH Ft G.G. Meade,		ame of hospital or instituti Timbrough Arm					N (Kind of w g life, even if		12b. KIND OF INDUSTRY	BUSINESS OR
13a. adm	. USUAL RESIDENCE (Where deceosnission) STATE Mary Land	ed lived, if institut 13b. COUNTY Anne A		Geo :	DMeade		□ 73	STREET AND N		er St	
_	FATHER'S NAME First	Middle N HOUTTE	Last	1S. M	OTHER'S MAID SSER H	EN NAME Firs	it		Middle	VAN I	lost HOUTTE
160	I. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give in	AED FORCES? yar or dates of service) A	16b. SOCIAL SECURITY NO. None	Jam	ormant es Web	ber(H)	same		Address 13 c		MATE INTERVAL
~	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COM	DUE TO, OR (b)	AS A CONSEQUENCE OF					/EN IN PART 1	(a)		
CERTIFICATION	190. DATE OF OPERATION 19b. 15 Nov 67 Hy	dronephr	OSIS	NED	20a. AUTOPS	Y?		IF YES, WERE ES OF DEATH? YES		ONSIDERED IN CE	ERTIFYING
MEDICAL CES	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. ner) P.M.	Month Day Year		INJURY OCCUP		rii a		or Port 2, I	tem 18.)	
W	While Nat while at work at wark		(AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.				66	ty ar Town		County	State
	22b. SIGNATURE	divectors 12	A Feb 168 (did not) siew the body	_, and t	hat in (my) oth. ATTENDING PHYS.	MET DIR	D. ECTOR	STAFF PHYS.	22c. C	THE AND HOUR OF STREET	than the least of
	//	DATE 5	~		lonal (Jem.	Arli	ion (City or 1	, Virg	-	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE FALTH DEPT 1. DECEASED-NAME (Type or Print) 2a. DATE KNOWN Month Dov Year 2b. HOUR ESTI-OF 190 DEATH MATED 6. AGE (In years IF LINDER 1 YEAR JE LINDER 24 HRS 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR ,2, u. PM3. 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COMMITY OF DEATH 7a. BIRTHPLACE (State or foreign WIDOWED DIVORCED [12a. USUAL OCCUPATION (Kind of work done during nast of working life even if retired.) Give Page 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth. (Where deceased lived if institution: Desidence before in pencil in Item 18. hours and 2 after 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME pages hours Exominer's 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. AINFORMANT **ADDRESS** be executed within # 138. (Yes. no. or unknown) (If yes give war or dates of service) E APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF event Conditions, if any, which gave rise to immediate cause (a). This certificate should writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ξ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 050 removal nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING pluods cremotion, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 0 22a. I certify that I took charge of the remains described above held an Autopsy Inspection / Inquiry and in my opinion the funeral director. be retained death resulted from Notural causes Accident -Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER moy **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) 0 BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) 2So. REC'D BY REGISTRAR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02000		CERTIFICATE OF DEA	TH	02076
1. DECEASED-NAME Fire	st Middle	Last	2a. DATE OF DEATH	2b. HOUR
	nkie E.	West	February	17. 1968 2:55 M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last_birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Female	White	9-18-12	1031 50 11ady)	RS. MONTES DATA ROOKS MIN.
7a. BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Maryland	United States	WIDOWED DIVORCED	Anne Arundel	Md.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If nat in haspital	. USUAL OCCUPATION (Kind of work dar	
Glen Burnie	No.		ng mast af warking life, even if retired HOUSEWITE	1.)
adminstral CTATE	ased lived if institution. Residence h	afore 113r CITY OR TOWN 13d INSIG	E CITY LIMITS? 13e. STREET AND NUMBER	
Md.	13b. COUNTY Anne Arund	lel Glen Burnie YES X	77.74 HATTOT	
14. FATHER'S NAME First	Middle	ast IS. MOTHER'S MAIDEN N.	AME First Middle	Last
1-0413	s Hende	rson	Helen	602584
16a. WAS DECEASED EVER IN U.S. Al Yes, na, ar unknawn) (If yes giv	RMED FORCES? 16b. SOCIAL SECT	URITY NO. 17. INFORMANT	Address Address	B. Md
No	- 220-1	6-1107 241/45	MES/ GIEN	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	anly ane cause per line far (a), (b), a	nd (c).}	C	BETWEEN ONSET AND OFATH
	DIATE CAUSE (a)	me IVII	C	
4109	DUE TO, OR AS A CONSEQUENT	CE OF	Doslerion W.	all
Canditians, if any, which gave rise to immediate cause (a)	(b)	Conva of a	0300	
stating the underlying cause	DUE TO, OR AS A CONSEQUEN	GOF of Ke Latt	- Ventri Ul	
) (t)	DUT NOT DELATED TO THE TERMINAL DISEASE	CONCONDITION CIVEN IN DADT 1/~)	
PART Z. OTHER SIGNIFICANT C	UNDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	E OKCONDITION GIVEN IN PAKT 1(0)	
19g, DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 20g. AUTOPSY?	20P IE AEZ MEBE EINDING	S CONSIDERED IN CERTIFYING
190. DATE OF OPERATION 19	B. CONDITION FOR WHICH OF EXAMON F		CAUSES OF DEATH?	S CONSIDERED IN CERTIFULO
21g. ACCIDENT WAS UNDERLY	/ING 21b. TIME OF INJURY	A	(Enter nature of injury in Part 1 or Part	2 Item 181
₹ □ OR CONTRIBUTING □ CAUSE OF DE	EATH HOUR A.M. Manth Day	Year	terror material at injury in terror to their	2, 110111 101,
(If either, natify medical exart 21d. INJURY OCCURRED 72)	PLACE OF INILIRY / AT HOME, FARM, STE	19 REET, FACTORY.) 21f. LOCATION Street or R.F.	.D. Na.	Caunty State
While Not while at wark	OFFICE BUILDING, ET	rc.		
a traite a traite	this hospital) attended the de	censed from	1967 to 2 1/7/68	19, that (i) (we) lost
saw the deceased	plive an 2/117/68	19, and that in (my) (out	r) opinian death accurred on the	
	ve, (I) (we) (did) (did not) view	the body after deoth.		
22b. SIGNATURE	X n O.	ATTENDING	MED. STAFF	2c. DATE SIGNED
CON DIVERSION OF	J. B. Kamin		BORECTOR PHYS. L	180 1501622
22d. PHYSICIAN'S V	TO DAMIN	PRZ MT 22e. ADDRESS	3927 ANNA POLI	010000
	13.1611.111		200 INJUNION VUN	1 -am (mino)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove carbon pagers. Pshould be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 how

FUNERAL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death

Poge 4 may be retained by the hospital or ottending physicion.

after death

VR A15 (4) 30M REV. 1/68

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REGISTRAR'S SIGNATION 2Sb.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

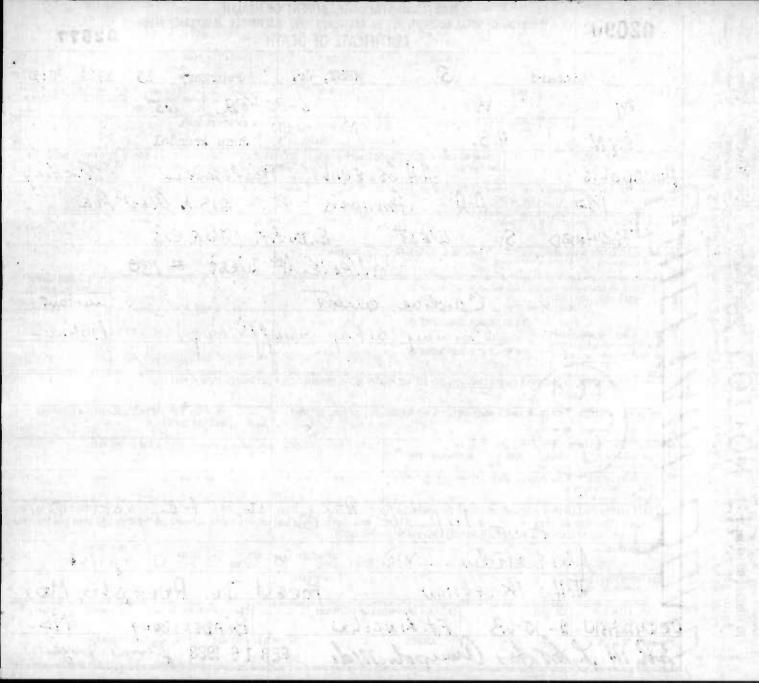
CERTIFICATE OF DEATH

02877

	DECEASED-NAME First	Middle		Last	2a. DATE O	44 4	Vaar	2b. HOUR	
	(Type or print) Richa	ard S'	W	EST, Jr.	Febr		1968	8:50 M	
. 5	SEX	4. RACE		. DATE OF BIRTH	19	6 AGF (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	M	W		6-30	-08	last birthday YRS.	MONTHS DAYS	HOURS MIN.	
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	DEATH			
.at	TENN.	4.5.	WIDOWED		Anne	Arundel		Md	
0.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If no	t in haspital 12a. USI	UAL OCCUPATION	(Kind af wark dane	12b. KIND OF	BUSINESS OR	
L	HUNApolis	give street address)	H. GENE	ent dump	most of Morking	life even if retired.)	INDUSTRY	cHING	
	. USUAL RESIDENCE (Where decease	sed lived, if institution: Residence befo	re 13c. CITY OR	TOWN 13d. INSIDE CITY		TREET AND NUMBER	. 1		
ıdn	nissian) STATE MA	13b. COUNTY A. H.	HUNAP	ohis YES I	NO 1 21	3 N. GLEN	HUE.		
4.	FATHER'S NAME First	Middle Last	, Is.	MOTHER'S MAIDEN NAME	First	Middle		Last	
	RICHARI	S. WE	ST	E.Dith	No	RRIS			
	a. WAS DECEASED EVER IN U.S. ARI		TY NO. 17. IN	FORMANT.	4 1 1	Address			
	Yes, na, ar unknawn) (If yes give t	war or dates of service)	17	ARIE 14	WEST	# 138			
	18. CAUSE OF DEATH (Enter or	nly ane cause per line_far (a), (b), and	(c).)					IMATE INTERVAL ONSET AND OEATH	
	PART I. DEATH WAS CAUSE			hon			reel	tout.	
	411,9	DUE TO, OR AS A CONSEQUENCE							
	Canditians, if any, which gave) () Com cutes	- /	us musul	Lician	M	Cinlo	····	
	rise to immediate cause (a), stating the underlying cause	DUE TO OR AS A CONSCIUENCE	1						
	last.								
	PART 2. OTHER SIGNIFICANT CO	(c)	NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVI	EN IN PART 1(a)			
~	+201								
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	ORMED 20a. AUTOPSY? 20b. IF Y			IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING		
TIFIC				YES NO	CAUSE	S OF DEATH?			
				W INJURY OCCURRED (Ent	ter nature af inju	rry in Part 1 ar Part 2,	Item 18.)		
MEDICAL	OR CONTRIBUTING CAUSE OF GEA		ear 19						
MEL	AIG. HOURT OCCURRED LIO	. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		ATION Street or R.F.D. N	la. City	ar Tawn	County	State	
	While Nat while at wark	OFFICE BUILDING, ETC.		^					
	22a. I certify that (I) (th	nis hospital) attended the dece	ased from		56, ta_	FSC., 19.	68, that	(I) (we) los	
	sow the deceased of	olive on 2/12/	_196, and	that in (my) (aur) ap	pinion death	occurred on the da	ite and hour	ond from the	
		e(1) we) (did)(did nat) view to	he bady after d	eath.		1 00	DATE CIQUED		
	22b. SIGNATURE	DATE SIGNED							
	DO L DUNCICIANIC	agram	DEGRE	E PHYS. 22e. ADDRESS	DIRECTOR -	PHYS. 🔲 2	113/68		
	22d. PHYSICIAN'S NAME (Type)	N HEDERHAN		FORES	+ 700	AUWID	polis	Mo.	
=	0011		OF CEMETERY OR C						
130	a. BURIAL, CREMATION, 23b.	1 1 1	LINCOL		10/	ON (City or Town)	(County)	MState)	
21	FUNERAL DIRECTOR : 1	ADDR			BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	1 14-0	
44	112 W 4 4	of Some (LANGE	1. M		1 6 19		elen Jus	tello :	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled ITT by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Jages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.



FOR STATE HEALTH DEPT. Iny delay is 2, and 3 ta RM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form O DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages-1. Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far your files. TO DEPUTY

VR A15ME (5) 10M REV. 1/68

10	2091	DIVISIO				ARTMENT OF N STREET, BALT		LAND 21201			
Ite	em 5 Fi	lm G398	2/2 MEDIC	3 3		ERTIFICATE				0207	8
	CEASED-NAME ype or Print)	Firs EMM/		Middle		Lost (WHEELE	Heckel) R	20. DATE KNOWN OF ESTI- DEATH MATED [Y Yeor 19 6	S2b. HOUR
3. SE F 8	x emale	4. RACE White	S. DATE OF BIR		6. AGE (In years Bass birthday) YR:	IF UNDER 1 YEAR MONTHS DAYS S.	HOURS MIN.	2c. DATE PRONOUNG Month		Yeor 19	2d. HOUR
7a. B	SIRTHPLACE (State) PEDDE.	e ar foreign	7b. CITIZEN OF WH			ARRIED NEVER MA		UNTY OF DEATH	21		Md.
10. 0	or town o		give :	AME OF HOSPITAL treet oddress)		W (If not in hospital		CCUPATION (Kind of of working life, even	if retired.) INC	b. KIND OF BUS DUSTRY Mapel	
13o.	USUAL RESIDEN Imission) STAT	CE (Where deced larylan	sed lived, if institu	rtion: Residence b	efore 13c. CIT	Y OR TOWN 13	d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NU 1590 And		, Rosy	d
14. F	ATHER'S NAME	First UNK	Middle NOWN		Lost	IS. MOTHER'S MAI		Carrie F	Middle ortenbo	ugh los	t
	WAS DECEASED EN es, no, or unknow	/ER IN U.S. ARMED	FORCES? e war or dates of service)	16b. SOCIAL SECUR 203-10-	3381	17. INFORMANT Donald L	. Wheele	r-704 Bro	ess Gle	Palva.	nie,Md
N	Conditions, if or rise to immed stoting the unlost.	ony, which gove liote couse (o), aderlying couse	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUEN	CE OF	TO THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART 1(c))	lville	in
CERTIFICATION	190. DATE OF C	PERATION		19b. CONDITION I WAS PERFOR	ON FOR WHICH OPERATION RFORMED?					20. AUTOPS	NO NO
MEDICAL CER	210. EXTERNAL PRIMARY OC CAUSE OF DEAT	R CONTRIBUTING		M.	Y Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port					18.)	
ME	21d. INJURY OC WHILE AT WORK		PLACE OF INJURY (octory, office buildin		reet,	21f. LOCATION Street	or R.F.D. No.	City or Town		County	Stote
	ACTUAL SIGNATURE (EXAMINER'S NAME (Type)	sulted form:	took charge of the	ses , Acc	cribed obovident,	M.D. ASS	PSY, In Hamicide EF MEDICAL EXAMIN ISTANT MEDICAL EXAM UTY MEDICAL EXAM ORESS(Street, city, to	Undetermined AMINER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER INER	nquiry , and manner 22b. DATE SIG		ny opinion
Ви	BURIAL, CREMA REMOVAL (Spec	ify) 2/	DATE /21/68			y or crematory Cemeter		. LOCATION (City or T axtang.	own) (Co		itote)
24. 5i		or n Fune:	ral Home	/Glen 8	DDRESS,	Md.	2So. REC'D RY RED	SISPAR 1968Sb.	REGISTRAR'S SIG	ATHRAMA	12

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*	T	tem 11 Film G39	DIVISION OF VITAL RECORDS,	ERTIEICA	TE OF DEATH	Timore, marrianto 21	0267	7 50	
1		CEASED-NAME First	Middle	700 MA	Last	2a. DATE OF DEATH	Day Vers	2b. HOUR	
		Annie			IPPLE	February Month	8 ^a 68 ^a	8: 25P	
	3. SE	7	4. RACE	S.	DATE OF BIRTH	8 27 6. AGE (In ye	egrs IF UNDER 1 YEAR MONTHS QAYS YRS.	IF UNDER 24 HRS. HOURS MIN.	
	7o. E		b. CITIZEN OF WHAT COUNTRY? USH	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Anne Arun	ide l	Me	
	A 13a.	ITY OR TOWN OF DEATH WWW 2015 USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	TITUTION (If not in the second	WN 13d. INSIDE CITY			BUSINESS OR	
		Mary Tand	Anne Arundel	Annapo	179 14	10 29 KIC	KS AVR		
	14. F	ATHER'S NAME First WKhow	Middle Last		UNKNOT		iddle	Last	
		WAS DECEASED EVER IN U.S. ARMEI es, na, ar unknawn) (If yes give war	D FORCES? or dates of service)	-	hn HIC	ke 39 Buh	dress Annapa	118 1d	
	NOI	Canditians, if any, which gave nise ta immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT NO					~~	
2	CERTIFICATION		INDITION FOR WHICH OPERATION WAS PER		20a. AUTOPSY? YES NO	CAUSES OF DEATH?	IDINGS CONSIDERED IN CE	RTIFYING	
	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examine)	HOUR A.M. Manth Day Year P.M. 19		2	er nature af injury in Part 1 ar	Part 2, Item 18.)		
	M	21d. INJURY OCCURRED While Not while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street ar R.F.D. No	a. City ar Town	County	State	
		saw the deceased aliv	hospitol) attended the deceose ve on1 (1) (we) (did) (did not) view the b	9, and t	hat in (my) (aur) op	, to pinion death occurred on	, 19, that the date and hour o	(I) (we) las	
		22b. SIGNATURE	s. Ol	DEGREE	PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 2 - 8 - 6	8	
1		22d. PHYSICIAN'S NAME (Type) Ar 13	T ALLEN		22e. ADDRESS				
2	230	BURIAL CREMATION, 23b. DA	12-68 B2171	EMETERY OR CR	National	23d. LOCATION (City or Town B2/Time is	1.	(State)	
(4)	24.	FUNERAL DIRECTOR BOTGE WT1	TILE BELAI	n M	2 DATE FE	1 10 10 1	ISTRAR'S SIGNATURE	erges !	

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02093 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 G398 3/11/68 kk CERTIFICATE OF DEATH Items 5 & 6 Film 02964 DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death death and (Type ar print) February Ruth 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday 1890 white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) attending physician and campletely filled in permit. Then please remave carban paper\$ paper hin 72 WIDOWED DIVORCED [Anne Arunde] Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR give street address) during mast of werking life fexen if retired.) INDUSTRY ₩. Glen Burnie North Arundel Hosnital event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 123c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTYSomerset admissian) STATE Md. YES Princess NO V any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last John H. Horner Missouri and in Webster 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Address Yes, no, ar unknawn) It yes give war or dates of service) Charles Whitelock: RFD#L Princess Anne remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. crematian, Conditions, if ony, which gove burial-transit rise la immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital ar attending as the priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🗌 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) lar HOUR (A.M) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) 196 128 P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Tawn State County While Nat while at work DX 263 State 22a. I certify that (I) (this haspital) attended the deceased fram / 2 saw the deceased alive on 3.55/n.2 / 1.3 1967, and that , and that in (my) (our) opinion death occurred an the date and have and from the Page 4 may be retained should directar, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (Caunty) DIJREMOVAL Specify) 2/16/68 Princess Beechwood Anne: Somerset; M 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) rincess Anne, Monte 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

02094

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

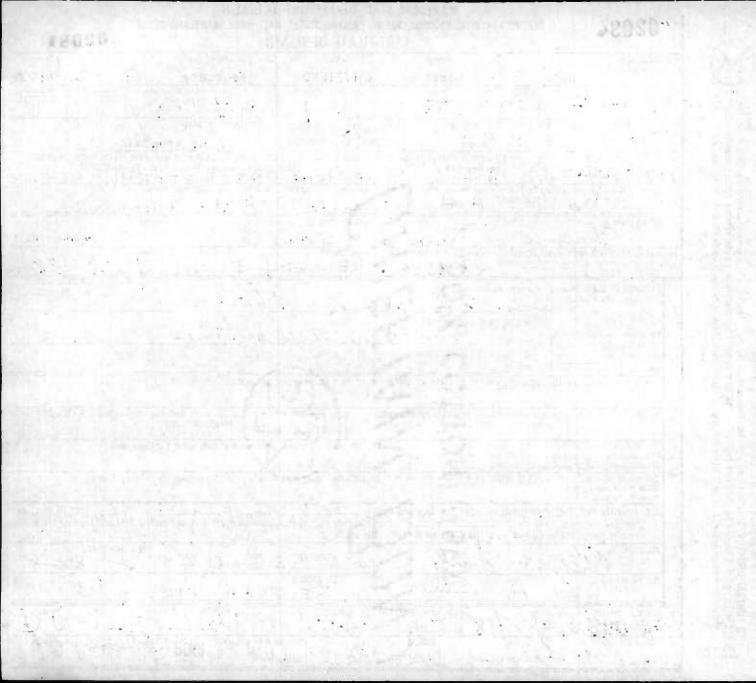
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3.5EX 4. RACE 5. DATE OF BIRTH 70. BIRTHPLACE (State or foreign country) 70. CITY OR TOWN OF DEATH 70. COUNTRY OR COUNTRY		ECEASED-NAME	First	Middle	Last	2a. DATE OF DEATH	2b. HOUR						
To Brither To Group To CHIZEN OF WHAT (CUNTRY) To MARRED To MARRED To CONTROL TO C		Type or print)	Ruth	Neats	WHITFIELD	February	20 Year 8 4:00A						
DOLOR TOWN OF DEATH	3.5	EMAL	4. F	1	1 () () 1	6. AGE (In year	MONTHS DAYS HOURS MIN.						
Industry	7a.	BIRTHPLACE (State on the intry) N	or foreign 7b. CIT				de l Md.						
136. CUIVA ESIDENCE (Where deceased live on a course per line for (a), (b), and (c). 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MADEN NAME First Middle Lost 15. MOTHER'S MADEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or uningown 164. SOCIAL SECURITY NO. 17. INFORMANT Address Addr	10.	CITY OR TOWN OF E	DEATH .			mast af warking life, even if reti	red.) INDUSTRY						
16. WAS DECESSED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17. INFORMANT 16c. WAS DECESSED EVER IN U.S. ARMED FORCES 16c. SOCIAL SECURITY NO. 16c. SOCIA				COLINTY	VICE TO	TY LIMITS? 13e. STREET AND NUMBI	ER						
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (d). PART I. DEATH WAS CAUSE BY: DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave nise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave nise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF conditions are immediate cause (b). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Pag. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?	14.	FATHER'S NAME		Middle Last	15. MOTHER'S MAIDEN NAM								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCINENCE OF					01 4	F. While	Fild -alva						
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING POOL DISEASE OF DEATH? PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 210. IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING POOL DISEASE OF CONTRIBUTION OF CANTER SIGNIFICANT COURSES OF CONTRIBUTION OF CANTER SIGNIFICANT CONTRIBUTION OF CANT			TH WAS CAUSED BY:	60.	minume of	Panerear	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 19 21d. INJURY OCCURRED 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. LOCATION 22f. To 27f. T		nse to immediate stating the under	DUE TO, OR AS A CONSEQUENCE OF the underlying cause (a), but To, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Nat while at wark 22o. I certify that (I) (This hospital) ottended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) M. STAFF 22c. ADDRESS 22d. PHYSICIAN'S NAME (Type) M. STAFF 22d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) State) 22d. PHYSICIAN'S NAME (Type) M. STAFF 22d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) State) 22d. PHYSICIAN'S NAME (Type) M. STAFF 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) State) M. M. Month Day Year STAFF 23d. LOCATION (City or Town) (County) M. M. Month Day Year STAFF M. M. Month Day Year STAFF M. M. Month Day Year STAFF M. M. Month Day Year M. Month D	_	PART 2. OTHER SI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
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While at wark at wark at wark 220. I certify that (I) this hospital) ottended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from couses stated above, (I) (we) (did) (ald not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) 23d. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23d. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 25d. REGISTRAR 25b. REGISTRAR 35b. REGISTRAR 3		OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year										
220. I certify that (I) this bospital) ottended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from couses stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22c. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. DATE 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. REC'D BY REGISTRAR 23d. REGISTRAR'S SIGNATURE 24d. TURERAL DIRECTOR 25d. REC'D BY REGISTRAR 23d. REGISTRAR'S SIGNATURE	ME	While Nat wh	1110	OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street ar R.F.D.	Na. City ar Tawn	Caunty State						
22d. PHYSICIAN'S NAME (Type) 23d. BURIAL (REMATION) 23d. DURIAL (REMATION) 23d. DURIAL (Specific Company) 23d. LOCATION (City or Town) 23d. LOCATION (City or Town) 24. TUNERAL DIRECTOR 25d. REC'D BY REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR'S SIGNATURE		22o. I certify	that (I) (This has deceased alive a lated above, (I) (pital) ottended the deceosed n19_ we) (did) (ald not) view the bo	from , 19 S, and that in (my) (our) dy ofter death.	opinion deoth occurred on the	, 19 68, that (I) (we) last he date and hour and from the						
23a. BURIA (REMATION 23b. DATE) 23c. NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) Stote) 24. TUNERAL DIRECTOR 25a. REGISTRAR SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c.	P		Rayh	a Smith	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED > - 28 - 68						
24. PUNERAL DIRECTION ADDRESS 250. REC'D BY REGISTRAR 38. REGISTRAR'S SIGNATURE COMPANY.			PAY.		+ SEUE	RNA PARK	· lo						
MAD 4 1968 COUNTY		REMOVAL (Specify	Jen 3/	7/68 Lee	Crew,	Washing	ten D.C.						
	24.	okert	S. Kar	1	111 . 0		WAS TRIVIALE And						

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the flug directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after VR A15 (4) 30M REV. 1/6

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retained by the haspital or attending physician.



TO HOSPITA.

RATTENDING PHYSICIAN: The law requires that the death certificate be executed.

Jun 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled hy the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages Jend 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 15M **7**-62

MARYLAND STATE D	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMOR	RE 1, MARYLAND
Item 6 Film G398 3/6/68 ap CERTIFICAT	TE OF DEATH	02062
1. PLACE OF DEATH A A CONTRACTOR	2. USUAL RESIDENCE (Where dacassed lived, If inst	titution Rasidence bafora admission
a. COUNTY 7-17 Lt and Mel MARYLAND	a. STATE b. COUNTY	11 Blands
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (Houtside corporate limits, write N	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass)	d. STREET ADDRESS	↓ e. IS RESIDENCE
d. 1940k OF NOSFITAL OR (1951)10110N (17 not in nospital, give straet address)	1 10 10 P. No. 1	ON A FARM?
3. NAME OF A First Middle		Yes NO
DECEASED //	Last 4. DATE Month	Day Yaar
(Type or print) Vantha Williams	DEATH Jels	1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
Jenule Colored WIDOWED [X] DIVORCED []	Sect 26 - 1881) 17 yrs.	
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, even if retirad)	11. STRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Jonsone.		MATA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wesle tockeon	Barbarer Olever	
15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyasgiyawarordatesofservica)	INFORMANT	77.
160	Barbarer (Innstear)	Filethe He hours
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Olosi vivo biviii
H J G A DUE TO		
Conditions, if any, which \ (b) Stroke ? Hymer	Timine arterio Elevere	1/2/68
gave rise to immadiate cause (a), steting the underlying DUE TO Condis vascular	- disease	7
cause last. (c) Fractive of the	ais .	12/3,16
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
Is 442 Bed ridde for 3	2 of hip	PERFORMED?
🖺 20a. ACCIDENT WAS UNDERLYING 🖂 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	67	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, farm, 20f. (City or town)	(County) (Stata)
(7)) () at west [] at west []	ctory, streat, office bldg., atc.)	
21. certify that (I) (this hospital) attended the deceased from.	12/2 2/2	1068 (1-1-41) (111) (111)
saw the deceased alive on 2 19.5.8, and that		, 19.5, that (1) (we) las
22a. SIGNATURE	death occurred av	22b, DATE
16-0-0 11 10	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	21/2 / SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	21061- M
NAME (Type) Foul of CHENCY MO	80, Crain the CZ	5 Glan Romine
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR GREMATORY 123d, LOCATION City Jown	or county) (Steta)
DEMOVAL (Specify) 2 22-68 Mittakes	Cit Pronding	PIL
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. MEGIS	TRAP'S SIGNATURE
DI 111/2 D T 1	FEB 2 8 COR OCL	and a Cardan
1 Change Wilson 1000 Br milley An	DATE	

CHAPTER THE SHEET THE PRINCE OF THE PRINCE O To be so the W. 1828 Den Jersely Judge

02096

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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13	2	15	0	. 25

1.		rst	Middle		Lost	20. DATE OF DEATH			2b. HOUR		
	(Type or print)	BEPT	H.	Inti	LLING	N	lonth Doy	Yeor	4412 PM		
3.	SEX	4. RACE		Is.	DATE OF BIRTH	6. AC	E (In years	IF UNOER 1 YEAR	IF UNDER 24 HRS.		
	Male	W		Т	uly 21. 1897	lost	birthdoy) YRS.	MONTHS DAYS	HOURS MIN.		
70	. BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY? 8.			COUNTY OF DEAT	<u>U</u>				
	Maryland	U.S.		/IDOWED		Anne Aru	ndel		Md.		
10	CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INSTITU			L OCCUPATION (Kind		12b. KIND OF	BUSINESS OR		
		give	street oddress)		during mo	st of working life, e		INDUSTRY			
	Annapolis Md. o. USUAL RESIDENCE (Where dec		ion: Residence before 13	CITY OR TO		ard NTS? 13e. STREET A	ND NUMBER	V GI DSC	n Islan		
	mission) STATE MA	13b. COUNTY	()	asade	VECTT NO	_	ea Beac	h			
14	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME Fir	A	Middle		Lost		
1.7	Alonza Willin		2031						2031		
1/	So. WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY NO.		Mary (Taylor) Willing	Address				
		ve war or dates of service)	217-08-0858		s. Elbert H.	Us 11 d mm	Chelse	a Beach			
=		. 1		, Julia	S. ELDSPL II.	MITTINE	Pasade	APPROXI	MATE INTERVAL		
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU			405	AL THEODI	Tions	4.		ONSET AND OEATH		
		DIATE CAUSE (o)		ME 01	AL INFARC	1101		SUDDE	N		
	Conditions if any which an	DUE TO, OR AS A CONSEQUENCE OF									
	rise to immediate couse (c	Conditions, if only, which gove rise to immediate couse (a). (b) ARTERIOSCLEROTIC HEART DISFASE 7 YRS									
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
	lost,										
	PART 2. OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
30	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
CEDTIELCATION	190. DATE OF OPERATION	7b. CONDITION FOR WE	IICH OPEKATION WAS PEKFO	KWED	20a. AUTOPSY?	CAUSES OF D		NUZINEKEN IN C	EKIIFTING		
DIL		VALID		Tax man	YES NO NO			44.			
		m. 1		21c. HOW	INJURY OCCURRED (Enter	noture of injury in P	ort 1 or Port 2, 1	tem 1B.)			
MEDICAL	(If either, notify medical exc	miner) P.M.	19								
M	21d. INJURY OCCURRED While Not while	1e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.) 21f. LOCA	TION Street or R.F.D. No.	City or To	٧n	County	Stote		
	at work of work								/		
	22a. I certify that (I)	this haspital) att	ended the deceased	fram	1960, 19	, ta	68, 19	, that	(+) (we) last		
	causes stated abo	saw the deceased alive an2 _ 13 _ 65 _ 19, and that in (my) (aux) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.									
	22b. SIGNATURE	22b, SIGNATURE 22c, DATE SIGNED									
	arthur La	ulatard	Ch. mg	DEGREE		ED. STAI		1-13-6	8		
	22d. PHYSICIAN'S		7 77.0		22e. ADDRESS				0		
	NAME (Type) ARTH	JR LANKFORI	D, JR., M. D.	1973	PASADE	NA MI	2. 2112	2			
23	Bo. BURIAL, CREMATION, 23	b. DATE	23c. NAME OF CEM	ETERY OR CE	REMATORY	23d. LOCATION (Cit	y or Town)	(County)	(Stote)		
	REMOVAL (Specify)	2-16-68	Meadow	Ridge	Cemetery	Dor sey	Anne l	County)	Md.		
24	FUNERAL DIRECTOR 4101		n Aven ADDRESS		25o. REC'D BY	REGISTRAR 2	5b. REGISTRAR'S	SIGNATURE			
	Witzke F. D.				DATES	16 188	cler	Cay you	100		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in EV Am Tuntral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 30M REV. 1/68

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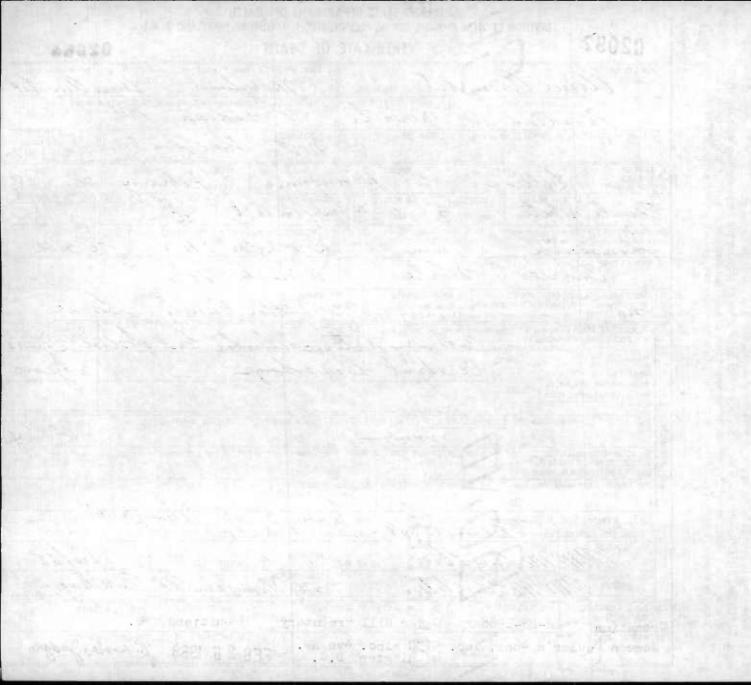
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

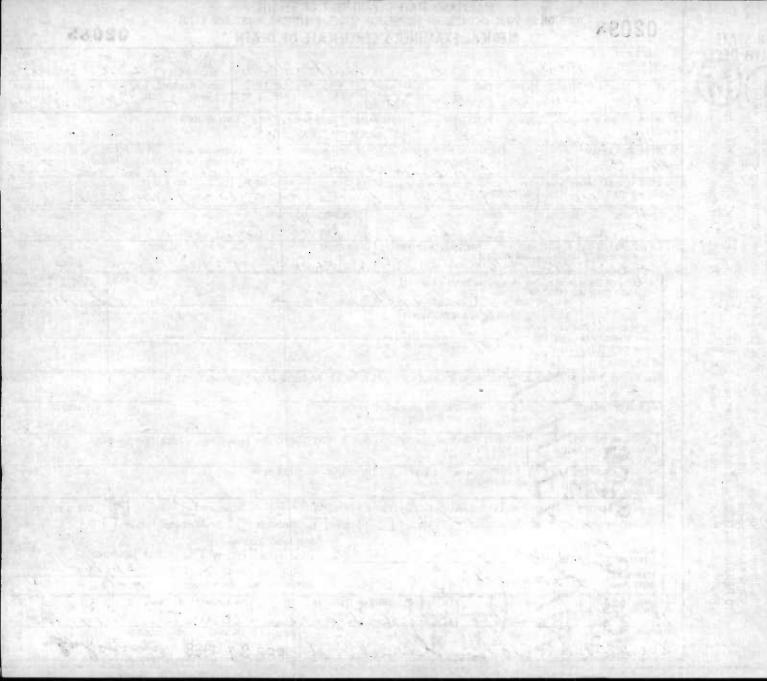
1/		00000		CERTIFICAT	E OF DEATH		U < U O 4
		D. COUNTY	me Un	maryland	2. USUAL RESIDENCE (WHO O. STATE Many	here deceased lived, if institution b. COUNT	
		write RURAL goo gi	utside corporate limits, ve nearest town)	Md. 18 months	1 /1/1/	ide carporate limits, write RUR	Al and give neorest town)
0		I. NAME OF HOSPITAL (OR INSTITUTION (If nat in	n haspital, give street address)	d. STREET ADDRESS	thre Road	e. IS RESIDENCE ON A FARM? YES NO
7		NAME OF DECEASED Type or print)	Lellean	W. Middle hile	nnemne	4. DATE OF February	0. 10
	5.	Emile 6	1.1	. MARRIED NEVER MARRIED WIDOWED DIVORCED	July 16, 188	9. AGE (In years last birthday) yrs.	Manths Days Haurs Min.
	10a. duri	USUAL OCCUPATION (Ging most of working life,	even if retised)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	arles J.	white	14. MOTHER'S MADEN NA	e Locke	
	15. (Ye	WAS DECEASED EVER IN s, na, or unknown) (If	U.S. ARMED FORES? yes give war ar dates af se	anian'i dia managaran di managa	Mrs, Esther	French	Same
			H (Enter only one cause WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).)	Terioseles	hi least a	INTERVAL BETWEEN ONSEL AND DEATH
		Canditians, if any, w	DUE TO	0 1/0	montage		2 years
		rise to immediate co stoting the underlyingst.	ause (a), (Dus TO				8
2	ATION	PART II. OTHER SIGNI	FICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTD PSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ırt I ar Part II af item 18.)	
S	MEDICAL	20c. TIME DF INJURY Hour a.m. p.m.	Manth, Day, Year		LACE OF INJURY (Home, farm, octory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify	that (I) (this hospit ased alive on	al) attended the deceased from	January 8, 19 nat death oxurred ot	68 to letrung 3 P.M. from couses of	nd on the date stoted obove
		22a. SIGNATURE	m. M. La	ughlin	M.D. ATTENDING N.D. PHYS.	AED. STAFF	22b. DATE SIGNED 2/20/68
		22c. PHYSICIAN'S NAME (Type)	Pm. Me X	aughlin	3708 Men	utain ad. C	Pasading, Md.
		BURIAL, CREMATION, REMDVAL (Specify) cemation	236. DATE THERE		rematory	23d. LOCATION (City or Tow Suitland, Md	
2	24	FLINERAL DIRECTOR	ler's Sons	, Inc. 5130 Wisc.	Ave . NW . 25g. REC'D	- 100	ISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 18 funeral

VR A 25M





02099

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

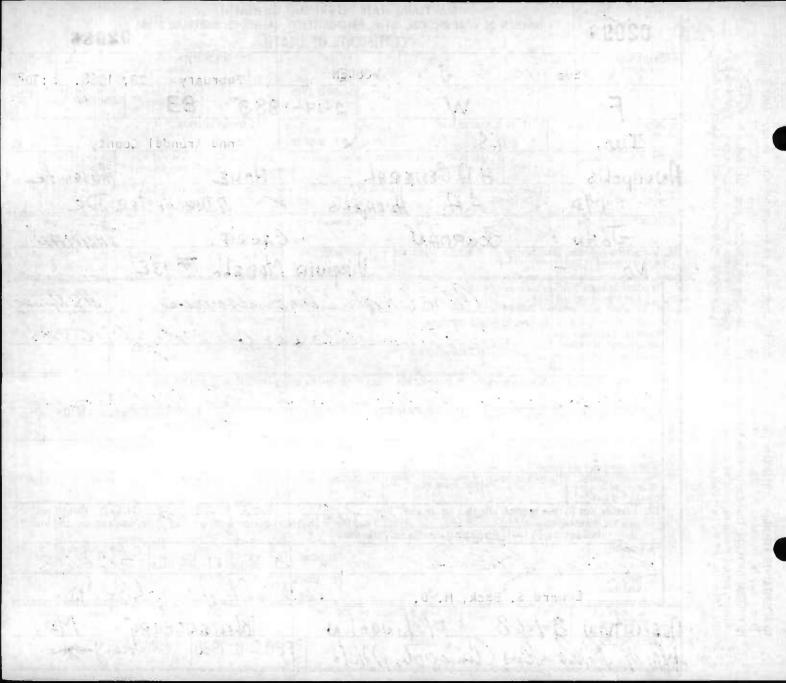
Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02685

~ ~ F	1	. DECEASED-NAME	First		Middle	Last	20	DATE OF DEATH	BELLEVILLE	2b. HOUR
8 1 8		(Type ar print)	Eva		-J	WOODEN		February 2	Day Year	8:30PM
15 T	13	. SEX		4. RACE		S. DATE OF B		6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
ly filled in by the further form papers. Pages within 72 hours after		Į.		Y. KACE	14/		1-1885		MONTHS OAYS	HOURS MIN
7 6 5					vy			00	YRS.	
d Jou		a. BIRTHPLACE (S	tate ar foreign	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED MEVER MAI	RRIED 9. CC	DUNTY OF DEATH		
l in		IN.	D.	U.S		WIDOWED X DIVO	RCED 🗌	Anne Arundel	County	Md.
illed in papers. in 72 h	1	Q CITY OR TOWN	OF DEATH			NSTITUTION (If nat in haspital	12a. USUAL OC	CUPATION (Kind of work d	ane 12b. KIND OF	BUSINESS OR
子言作人	21	1410000	1:0	give st	ree address	conl		warking life, even if retire	ed.) UNDUSTRY	: f-
t, v		20 USUAL PISIDE	NCE (Whose document	ed lived, if institution	Pro Bosidance before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	HOUSE	WITE
omplet ve cor event,	3	dmission) STATE	MD	13b. COUNTY	A Residence belove	n	YES NO			
complete ove corb y event,	5				7,17,	HNUAPOLIS		12 DORCHEST		
cian and completely lease remove corbon ond in ony event, with	1	4. FATHER'S NAM	First	Middle	Lost	15. MOTHER'S M	IAIDEN NAME First	R Middl	e	Lost
0		T	OHN	70	URDAN		CARR	LIE_	1HUM	IAN
ysician please of, ond i			D EVER IN U.S. AR		16b. SOCIAL SECURITY	NO. 17. INFORMANT		Addre		
20		Yes, no gr unkr	dwn) (If yes give v	var or dates of service)		Virgini	A MODE	ELL # 138		
ottending phy permit. Then ion, or removo	F	19 CAUSE (OF DEATH (Enter on	ly one couse per line	a factor (b) and (c		3.0		APPROX	IMATE INTERVAL
Jing ren	-1		DEATH WAS CAUSE		e ior (0), 20), and (0	in all	1/1-1	(GETWEEN C	ONSET AND OFATH
oftend permit. ion, or r		1/5	IMMEDI	ATE CAUSE (a)	ceuc	UM JO	Nome	voles	48,	TOURS,
by the off tronsit perr cremotion,		T			A CONSEQUENCE OF				1 -	7/1
(D) +			f ony, which gave ediote couse (a),	(b)	14/0/1	enstlehm	Des G	anenatur	15	X/ES_
on			underlying couse(a),(DUE TO, OR AS	A CONSEQUENCE OF		1//	1	1	
T 1 >		last. 3	3 / X	(c)				,		
signed by the burial-tronsit burial, cremo	- 1	PART 2-OTH	ER SIGNIFICANT CO	IDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	***************************************	
		1	11/200	anal.	M	1/1 1-0		The Made	10-1	
th or t		190. DATE OF	ODEDATION LIGH	CONDITION FOR WHI	OU ODED ATION WAS O	ERFORMED 20g. AUTO	norva /	20b 15 YES, WERE FINDIN	ICS CONSIDERED IN C	EDITICVINIC
rtificate hos been d for use os the of Health prior to	0	190. DATE OF	OPERATION 170.	CONDITION FOR WAI	CH OPERATION WAST	//	/	CAUSES OF DEATH?	103 CONSIDERED IN C	EKHTING
certificate hos hed for use o it. of Health pi	de	Ē.		0	0	YES _	- 2-			
or lea			IT WAS UNDERLYING TO CAUSE OF OEA		Manth Doy Yeo		CURRED (Enter note	ure af injury in Port 1 ar Po	rt 2, Item 18.)	
d fe	- 1		tify medical exami			19				
this certi detached e Dept. o		₹ 21d. INJURY	OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACTORY,) 21f. LOCATION Stre	et or R.F.D. Na.	City or Town	County	Stote
his eta De		While Not work	of while		OFFICE BUILDING, ETC.					
er t ate				is hospital) atte	nded the decen	sed from 2/2/	19/28	, to 2/23	, 19 <u>68</u> , that	(1) (wa) last
Aft		saw.	the deceased of	live an	23 deced	19 and that in (m		death occurred on th	e date and hour	and from the
# the	- 1	caus	es stated abav	e, (1) (wa) (did) (did not) view the	bady after death.	.,, (00., 0p	/	o dote dira naoi	una nom mo
50 State		22b. SICNATO		. / /	2				22c. DATE SIGNED	1
d & 0		101	111841	111.	Decar	DEGREE PHYS.	NG MED.	OR STAFF	2/24/	12
e de de	. 1	22d. PHYSICI	AN'S	75/		22e. ADI		OK — 11113. — [1 1/6	20
FUNERAL DIRECTOR: rector, page 3 should nould be filed with the		NAME ((ma)	rd S. Bec	L M D	EPI	241//in/S	+ Human	Lis Mr	\
N PER	-							T GOON PO	5 1 10	10
FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept.		30. BURIAL, CREA	ocity).	DAIL / 8	ZSC. NAME OF	CEMETERY OR CREMATORY	D 23	d. LOCATION (City or Town)	(County)	(Stote)
500	2	KEMA	1010 3	1-60	FT.	LINCOLN	, Di	LADENS BUR	9 /	4D-
VR A15 (4)	3	24. FUNERAL DIRE	CIOR	la.	ADDRES	1. ml	25 F RECED BY REA	BISTRAGES 25b. REGIST	RAR'S SIGNATURE	-
30M REV. 1/68	4	VM 11.	V9/02 V.	yous U	meson	45/1/40	DATE		00	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 5 per tele. RAFICATE OF DEATH FOR STATE HEALTH 1. DECEASED-NAME First Middle Last 2a. DATE KNOWNE (Type or Print) OF ESTIny delay is 2, and 3 to 1 PM3. Page FRANCIS YAKIMICK L. ment AGE (In years last birthday) IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4. RACE 3. SEX S. DATE OF BIRTH DAYS HOURS MIN February male white March 25 YRS 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form countre enna. U.S. WIDOWED [7] Anne Arundle in pencil in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death 10 after death. M. 14 haurs Health priar to burial, cremation, ar removal, and in any event within 72 necessary, please execute the certificate, writing the ward "pending" SICAL EXAMINER: TO DEPUTY H

VR A15ME (5) 10M REV. 1/68

			TATALLE TAL GILG LC	1114.
. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTIO			12b. KIND OF BUSINESS OR INDUSTRY
illersville -	Dorsey Road	U.	S. Army	Army
	ed, if institution: Residence before 13c. CITY . COUNTY		13e. STREET AND NUMBER	
aryland A	nne Arundel GlenE	Burnie YES NO X	900 Langley Ro	ad
. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	Yakimick	Sophie	Padro	sky
a. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give war or do	day of reasons)	17. INFORMANT	ADDRESS	
ves	205-22-0569	Army records		
18. CAUSE OF DEATH (Enter only one				APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSED BY:	JSE (o) Arterioscleroti	ic Cardiovascular	Disease	
	DUE TO, OR AS A CONSEQUENCE OF			
Canditions, if any, which gave	(b)			
rise to immediate couse (o), (DUE TO, OR AS A CONSEQUENCE OF			HELPHAN.
lost.	(4)			
PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(o)	
. 4221				
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION		20. AUTOPSY?
	WAS PERFORMED?			YES NO
	1b. TIME OF INJURY Manth, Doy, Year	21c. HOW INJURY OCCURRED (Enter notu	re of injury in Port 1 or Port 2, Ite	
PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M. 19			
21d. INJURY OCCURRED 21e. PLACE (OF INJURY (At home, farm, street,	21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
WHILE NOT WHILE foctory, a	iffice building, etc.)			
	narge of the remains described abav	ve held an Autansy V Inc	pectian , Inquiry	, and in my apinian
	tural ceases XXX. Accident		Undetermined manner	, and in any apinion
death restrict from.	Accident ,	· · · · · · · · · · · · · · · · · · ·		
ACTUAL ////S/11/	257000	CHIEF MEDICAL EXAMINE	(77)	IGNED
SIGNATURE (LLC)	1	M.D. ASSISTANT MEDICAL EXAM	WHATK TO	17/68
EXAMINER'S Werner U	. Spitz, M.D.	ADDRESS(Street, city, to		17/00
Bo. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETER)			(County) (State)
REMOVAL (Specify)				(coomy) (state)
Burial Feb.20	0,1968 Arlington	National 2So. REC'D BY REC	lington, Va.	GNATHDE - A GR
arry H. Witzke. 3210	Columbia Pk., Ellico	tt City Marcen 2	3 256 25b. RECISTRAR'S S	The state of
	7	A CLASSIC COLOR		

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2b. HOUR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 13b,c, &e Film G397 2/7/68 CERTIFICATE OF DEATH 02088 DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR after death (Type or print) athorine 4. RACE 6. AGE (In years last birth MONTHS haurs requires that the death certificate be executed within 24 hours 90 7b. CITIZEN OF 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED the attending physician and campletely filled in sit permit. Then please remave carban papers. Jury land WIDOWED [DIVORCED within 72 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most af warking life, even if retired.) **INDUSTRY** Kaundry Worker and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 10 Johnson Place 13d. INSIDE CITY LIMITS? 13b. COUNTY admission) STATE 1S. MOTHER'S MAIDEN NAME First Middle Lost 17. INFORMAL 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) remayal, 18. CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT a crematian, nKNOWA Conditions, if any, which gove) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) attending 1 has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OS CAUSES OF DEATH? YES 🗍 NO [far use Health Page 4 may be retained by the haspital ar this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year af (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from 5- 85, 1965, ta Star pe saw the deceased alive an San 3/ 19 6 Y, and that in (my) (aur) apinian death accurred an the date and have and from the shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** r, page 3 be filed DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, g 23b. DATE LOCATION (City or Town) (County) BURIAL, CREMATION 25a. REC'D 8Y REGISTRAR GISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATE - 5

MARYLAND STATE DEPARTMENT OF HEALTH